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TRANSACTIONS

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OF

THE CANADIAN

DENTAL ASSOCIATION



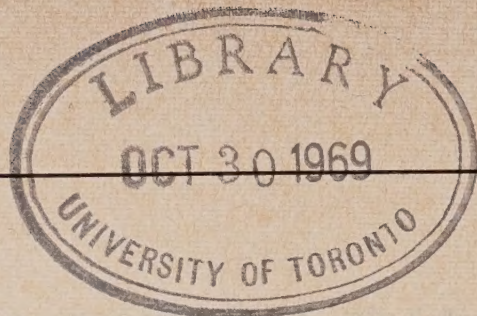
ANNUAL MEETING
BOARD OF GOVERNORS
NOVA SCOTIAN HOTEL, HALIFAX

(JUNE 8-11, 1966 - 68

TRANSACTIONS
of the
CANADIAN DENTAL
ASSOCIATION



ANNUAL MEETING
BOARD OF GOVERNORS
NOVA SCOTIAN HOTEL
HALIFAX
JUNE 8-11, 1966



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FOREWORD

This book provides a record of the business transacted at the annual meeting of the Board of Governors of the Canadian Dental Association at the Nova Scotian Hotel in Halifax, June 8 - 11, 1966. The verbatim report of the annual luncheon meeting—held during each convention, this year on June 13—appears at the end of this book.

The meetings of the Board of Governors are open to all members of the Canadian Dental Association, and all members are welcome to attend and to participate in the meetings. The procedure is that reports of councils, committees, sections, etc. are studied first by reference committees. These committees are composed of all CDA members who happen to be present. When votes are called for in reference committee, all participants may vote. Findings of the reference committees are reported to open sessions of the Board, and, although the President may permit any member to speak on an issue, only Board members may vote.

The “Comment and Action” which appears in this book immediately after the council, committee or section report is the report of a reference committee as adopted by the Board.

The purpose of *CDA Transactions* is to provide each member with a record of the policies and decisions of the Board and the work of the association's councils, committees, sections and bureaux.

OFFICIALS

1965 - 1966

(For 1966-67 officials see Nominations Report)

OFFICERS

<i>President</i>	PHILIP S. CHRISTIE, Halifax
<i>President-elect</i>	JAMES P. COUPLAND, Ottawa
<i>Immediate Past President</i>	REMY LANGLOIS, Quebec
<i>Secretary</i>	WILLIAM G. MCINTOSH, Toronto
<i>Treasurer</i>	GEORGE M. DEWIS, Halifax

EXECUTIVE COUNCIL

P. S. CHRISTIE	R. LANGLOIS	J. P. COUPLAND	W. P. MUNSIE
J. M. CHAMARD	H. R. MACLEAN		W. G. BRUCE

BOARD OF GOVERNORS

J. E. ABRA	518 Medical Arts Bldg., Winnipeg
K. M. BAIRD	Army Headquarters, Ottawa
L. BERNIER	1024 Ave. des Erables, Quebec
R. O. BRETT	250 Medical-Dental Bldg., Regina
H. BROUILLET	6003 Avenue de Lorimier, Montreal
W. G. BRUCE	Kincardine, Ontario
P. S. CHRISTIE	5690 Spring Garden Rd., Halifax, N.S.
J. P. COUPLAND	225 Metcalfe St., Ottawa
D. C. EATON	Farquhar Bldg., Halifax, N.S.
J. F. EDGECOMBE	42 Coburg St., Saint John, N.B.
L. E. ENGLISH	580 - 3rd Ave., Kamloops, B.C.
E. T. GUEST	67 College St., Toronto
A. L. MACISAAC	111 Kent St., Charlottetown, P.E.I.
H. R. MACLEAN	Faculty of Dentistry, University of Alberta, Edmonton
W. P. MUNSIE	1327 - 925 W. Georgia, Vancouver
H. L. MUSSELLS	4695 Sherbrooke St. W., Westmount, P.Q.
D. K. PETERS	103 Le Marchant Rd., St. John's, Nfld.
J. D. PURVES	170 St. George St., Toronto
O. J. YULE	74 St. Clair Ave. W., Toronto

AGENDA
BOARD OF GOVERNORS
June 8 - 11, 1966

Wednesday, June 8

- 9.30 a.m. Call to Order
Invocation
Official Call of the Meeting
Presentation of Credentials
Adoption of Agenda
Minutes of previous Meeting
President's report
Necrology report
Presentation of resolutions submitted
Guide to operation of Board Meeting
10.30 a.m. Reference Committees meet
2.00 p.m. Reference Committees meet
8.00 p.m. Reference Committees meet

Thursday, June 9

- 9.00 a.m. Reference Committees meet
2.00 p.m. Second Session of Board — Presentation of reports
8.00 p.m. Reference Committees meet

Friday, June 10

- 9.00 a.m. Third Session of Board
2.00 p.m. Fourth Session of Board

Saturday, June 11

- 9.00 a.m. Fifth Session of Board
Treasurer's report
Nominations Committee report
Election of Officers
Election of Nominations Committee
Unfinished business
Adjournment

REFERENCE COMMITTEES 1966

Committee No. 1

Convention	<i>Yule*</i>	Coleman
Ethics	Rogers	Archambault
Library	Abra	Hare
President	Bruce	Taylor
Specialists	Langlois	Thomson
Periodontic section	McGuigan	Torneck

Committee No. 2

Education	<i>MacIsaac*</i>	Upton	
Hospital Services	Brouillet	Lepine	Tanner
Research	Coupland	Cripton	
War Memorial	Paynter	Hoffman	
Oral Surgery section	Eaton	Kaukinen	
Orthodontic section	Peters	Leung	
Bureau of Public Information....	McCutcheon		

Committee No. 3

Constitution and By-laws	<i>Bernier*</i>	Pownall	Kerr
Executive Council	Edgecombe	Decker	Moses
Headquarters Property	Dewis	Barrett	Woods
Journalism	Munsie	Le Blanc	Beach
Treasurer	Purves	Fisk	
Prosthodontic section	McLean	Spence	

Committee No. 4

Auxiliary Services	<i>Brett*</i>	Clappison	Reutcky	Gray
Dental Services	Baird	Crowson	Rife	Grimsrud
Legislation	Guest	Gray	McCormick	Kohli
Public Health	Mussells	Swann	Connor	Brown
Dentistry for Children		Smith	Boyes	
section	English	Dundass	Johnson	
Bureau of Economic		Campbell	King	
Research	MacLean	Currie	Marineau	
		Schachter	Salter	

Special Resolutions Eaton

**Italicized names are general chairmen of reference committees. Names beside reports are of people responsible for leading discussion and writing reference committee reports on particular council, committee or section reports.*

ATTENDANCE AT BOARD OF GOVERNORS MEETING

1st Ses. June 8 9.30 a.m.	2nd Ses. June 9 2 p.m.	3rd Ses. June 10 9 a.m.	4th Ses. June 10 2 p.m.	5th Ses. June 11 9 a.m.	6th Ses. June 11 2 p.m.
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Board of Governors

Abra, J. E.	P	P	P	P	P	P
Baird, K. M.	P	P	P	P	P	A
Bernier, L.	P	P	P	P	P	P
Brett, R. O.	P	P	P	P	P	A
Brouillet, H.	P	P	P	P	P	P
Bruce, W. G.	P	P	P	P	P	P
Christie, P.S.	P	P	P	P	P	P
Coupland, J. P.	P	P	P	P	P	P
Eaton, D. C.	P	P	P	P	P	P
Edgecombe, J. F.	P	P	P	P	P	P
English, L. E.	P	P	P	P	P	P
Guest, E. T.	P	P	P	P	P	P
Langlois, R.	P	P	P	P	P	P
MacIsaac, A. L.	P	P	P	P	P	P
MacLean, H. R.	P	P	P	P	P	P
Munsie, W. P.	P	P	P	P	P	P
Mussells, H. L.	P	P	P	P	P	P
Peters, D. K.	P	P	P	P	P	P
Purves, J. D.	P	P	P	P	P	P
Yule, O. J.	P	P	P	P	P	P
Dewis, G. M.	P	P	P	P	P	P
McIntosh, W. G.	P	P	P	P	P	P

Chairmen

Clappison, R. A.	P	P	P	P	P	A
Coleman, W. B.	P	P	P	P	P	A
Crowson, A. H.	P	P	P	P	P	P
Gray, A. R. S.	A	P	P	P	P	P
Lepine, L.	P	P	P	P	P	P
McCutcheon, J.	P	P	P	P	P	A
McGuigan, J. P.	P	P	A	P	P	P
Rogers, M. A.	P	P	P	P	P	P
Swann, G.	P	P	P	P	P	A
Paynter, K. J.	P	P	P	P	P	A
Compton, F. H.	P	P	P	P	P	P

Members

Ambrose, E. R.	A	A	A	P	A	A
Archambault, M.	P	P	P	P	A	A
Barrett, G. D.	P	A	A	P	P	P
Beach, H. N.	P	P	P	P	P	P

P — Present A — Absent

ATTENDANCE AT BOARD OF GOVERNORS MEETING

	1st Ses. June 8 9.30 a.m.	2nd Ses. June 9 2 p.m.	3rd Ses. June 10 9 a.m.	4th Ses. June 10 2 p.m.	5th Ses. June 11 9 a.m.	6th Ses. June 11 2 p.m.
Boyes, M. G.	P	P	P	P	P	P
Brown, H. K.	P	P	P	P	A	A
Campbell, W. G.	P	P	P	A	P	P
Caplan, H.	A	P	A	P	A	A
Connor, R. A.	P	P	A	P	P	P
Coughlin, A. J.	A	A	A	P	P	P
Cripton, M. J.	P	P	A	P	P	P
Currie, P. E.	P	P	P	P	A	A
Decker, G. E.	P	P	P	P	P	P
Dexter, C. E.	A	A	P	A	A	A
Dundass, G.	P	A	P	P	A	A
Dunn, W. J.	A	P	P	P	P	P
Ellis, R. G.	A	P	A	A	P	P
Epstein, R.	A	A	A	P	A	A
Ervin, A. H.	A	P	A	A	A	A
Fisk, G. V.	P	P	P	P	P	P
Gray, R. A.	P	P	P	P	P	P
Grenkow, W.	A	A	A	P	A	A
Grimsrud, H. A.	P	P	P	P	P	P
Grose, L. M.	A	A	A	A	A	P
Hancock, W.	A	A	A	A	P	A
Hare, G. C.	P	P	P	P	A	A
Hoffman, A. E.	P	A	A	P	A	A
Johnson, J. H.	P	P	P	P	P	P
Johnston, W. J.	A	A	A	P	A	A
Kaukinen, A. R.	P	P	P	P	P	P
Kearney, B. P.	A	A	P	P	P	P
Kerr, K. M.	P	A	A	A	A	A
King, W. C.	A	P	A	P	P	P
Kohli, F. A.	P	P	P	P	P	P
LeBlanc, R. M.	P	P	P	P	P	P
Leung, S. W.	P	P	P	P	P	A
Macneil, W. H.	A	A	A	P	P	A
Marineau, J. J.	P	P	A	A	P	A
McCormick, C. H.	P	P	P	P	A	P
McLean, J. D.	P	P	P	P	P	A
Mendel, B.	A	A	A	P	A	A
Moses, C. H.	P	A	P	A	P	A
O'Meara, B. J.	A	A	P	A	P	P
Pownall, K. F.	P	P	P	P	P	P
Pugh, C. R.	A	P	P	P	P	P
Racey, A. G.	P	P	P	P	A	A
Reutcky, M. A.	P	A	P	P	A	A
Rife, D. L.	P	P	P	P	P	A
Rosen, H.	A	A	A	P	A	A

P — Present A — Absent

ATTENDANCE AT BOARD OF GOVERNORS MEETING

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Salter, A. T.	P	P	P	P	P	A
Schachter, J. J.	P	P	P	P	P	P
Scott, W. R.	A	A	A	P	A	A
Sherman, J.	A	A	A	P	A	A
Smith, F. R.	P	P	P	P	P	P
Spence, W. J.	P	P	P	P	P	P
Tanner, D. M.	P	A	P	P	A	A
Tario, V.	A	A	A	A	A	P
Taylor, J. B.	P	P	P	P	P	P
Thomson, A. H.	P	A	A	P	A	A
Torneck, C. D.	P	P	P	P	A	A
Upton, W. R.	P	P	P	P	P	P
Vosburg, F.	A	A	A	P	A	A
White, E. A.	A	A	A	P	P	P
Woods, W. G.	P	A	A	A	P	A

P — Present **A** — Absent

MEMBERS: G. Swann, Chairman, Calgary; L. Dubé, Quebec; E. Downton, Toronto; M. Nacht, Vancouver; M. Jackson, Toronto.

REPORT

1. The Auxiliary Services Committee met at Canadian Dental Association headquarters, March 25th, 1966.

Provincial Reports

2. Following direction from the Board of Governors' meeting 1965, this committee requested each corporate member to propose a comprehensive plan for that province for a more effective program for the training and employment of auxiliary dental personnel as a part of the dental health team. These plans were to be submitted to the chairman of the Auxiliary Services Committee for presentation to this meeting. Seven provinces submitted reports which are summarized in table form. (Appendix A.) The highlights of the reports are as follows:

(a) Two corporate members (Manitoba and British Columbia) recommended that dental hygienists' duties should be broadened to include insertion and polishing of plastic fillings in cavities prepared by the dentist.

(b) Five corporate members (British Columbia, Alberta, Manitoba, New Brunswick and Nova Scotia) expressed concern that present and potential skills of a dental hygienist are not being developed.

(c) Five corporate bodies (Manitoba, Quebec, New Brunswick, Nova Scotia and Prince Edward Island) recommended establishment of formal training programs for dental assistants. Three other provinces have already established such programs.

(d) One corporate body (Nova Scotia) recommended formal training programs for dental technicians. Three others have already such programs in effect and one is in the planning stage.

(e) Two corporate members (British Columbia and Alberta) recommended greater emphasis be placed on co-ordinated training of dental students and auxiliary personnel.

(f) Two corporate members (British Columbia and New Brunswick) suggested orientation courses for practising dentists in the utilization of auxiliaries.

Dental Assistant Training

3. With the strong possibility that dental assistants may eventually be assigned duties of a broader scope and nature than those presently identified by the profession, the importance of education and training for evaluating skills and knowledge of dental assistants in the years ahead is unquestionable.

4. A sub-committee was formed to compile an outline of all dental assistant training programs in Canada including formal day courses and evening extension courses. The result of this study is a 183-page volume entitled, "Report and Evaluation of Courses for Dental Assistants in Canada". This will provide valuable reference material which may be used by local and provincial dental organizations to assist technical or vocational school educators to plan and initiate new schools and curriculae for the training of dental assistants.

AUXILIARY SERVICES

5. A member of the Auxiliary Services Committee has been appointed to consult with the Council on Education in a study of the minimum pre-requisites for the training of dental assistants using the amassed material in this volume as a reference and to make this report available to the Council on Education.

6. The committee recommends:

That local and provincial associations be urged to establish formal training programs for dental assistants.

7. *Certification Program for Dental Assistants*

In September of 1965 a sub-committee was formed to prepare a report on a National Certification Program for Dental Assistants. This committee, in consultation with the Canadian Dental Nurses and Assistants Association, set out the purposes and objectives of such a program and outlined the educational requirements, the proposed certifying board structure and administration. Following study by the Auxiliary Services Committee it was decided that the sub-committee should prepare more detailed recommendations concerning the certifying board structure. These will be considered by the Auxiliary Services Committee at its next meeting and submitted to the Board of Governors for ratification. It is fully expected that a National Certification Program for Dental Assistants will be in effect by September 1967.

Dental Technicians

8. In response to directives from the Board of Governors' 1965 meeting to study accreditation of laboratories, a sub-committee was formed for this purpose. The sub-committee also obtained information from the provinces concerning training programs for dental technicians. Additional information was tabulated concerning the activities of technicians in the illegal practice of dentistry and dental mechanics. This report appears as Appendix B.

9. There is evident reluctance on the part of dental technicians to accept the principle of national accreditation. It would seem to be an impossible objective without first establishing a national technicians' organization or a national joint council for the technicians' craft. In several provinces there are two bodies, the laboratory owners' association and the dental technicians' association with a minimum of co-operation between the two organizations.

10. The reports from the provinces indicate that illegal practice by unqualified persons is reaching serious proportions in Canada. Legal recognition of these activities has become a fact in two provinces while several other provincial dental bodies are waging a strong fight to prevent the introduction and approval of such bills in the legislatures. Dental mechanics in Alberta and British Columbia are still practising illegally by fabricating and placing immediate and partial dentures. It is evident that some very strong preventive action must be undertaken immediately to prevent an upsurge in the practice of dentistry by untrained and unqualified persons. British Columbia reports some success in its battle to combat the spread and acceptance of dental mechanics (with resultant low standards) through its public denture clinics now operating in two centres.

11. This committee recommends:

That the Canadian Dental Association sponsor a conference to be held as soon as possible at Canadian Dental Association headquarters

under the chairmanship of the chairman of the Auxiliary Services Committee, with a representative of the Council on Education being invited to attend, and

That each corporate member be asked to invite a representative of either the provincial organization of dental technicians or of laboratory owners, and

That the purpose of the conference be to discuss matters such as formation of a national organization of dental technicians, accreditation of training programs, improvement of educational and economic status of dental technicians, accreditation of dental laboratories, and other matters concerning the improvement of co-operation between the dental profession and dental technicians.

12. Committee also recommends:

That the Canadian Dental Association recommend that each corporate member establish an adequate complete denture service to meet the needs of the low-income segment of the population and prevent the inroads of illegal operators on services best provided by trained professional personnel.

Dental Hygienists

13. A sub-committee was appointed to prepare a comprehensive report on the present status of Dental Hygiene Programs in Canada and Extension of Duties. This report appears in Appendix C.

14. There are, at present, four schools of dental hygiene in Canada capable of training a total of 206 students. Two new schools are being planned. There are 303 practising hygienists in Canada or approximately one to every 20 dentists.

15. Experimental programs have been conducted by three schools of dental hygiene in the expanded duties of hygienists. The studies have clearly indicated that dental hygienists can be readily trained in advanced procedures within the framework of the Canadian Dental Association Policy Statement on Auxiliary Personnel. However in only one school (Manitoba) have actual patients been utilized in the study and in this case only in the limited area of prosthetic procedures. None of the university experiments has examined the role which a hygienist with advanced training could assume in the dental office as a member of the dental team.

16. The Royal Canadian Dental Corps has conducted a thorough and carefully controlled investigation in this area which included delineation of the technical procedures which should be delegated (based on the concept of the Canadian Dental Association Policy Statement on Auxiliary Personnel), determination of an adequate training period, testing methods of clinical employment and determining the best method of integration of the advanced dental hygienist with the dental team. The results showed a remarkable increase in productivity while maintaining high standards.

17. It can be argued that the military institutions differ from their civilian counterpart in that they are designed and equipped to train and administer all categories of dental auxiliary personnel through one source and therefore the problem of control does not exist. This, in our opinion, points to the need for integrated training of the dental team for civilian practice, and if such

AUXILIARY SERVICES

personnel are well trained and motivated toward the profession they serve, they will accept their responsibilities as such with resulting higher standards of dental health for the Canadian public.

18. Dr. K. J. Paynter of the University of Toronto recently outlined a plan for the provision of dental clinics (out-patient clinics in teaching hospitals) in which dental students may spend a period of internship following graduation. He suggested that this clinic could provide the place in which a dental team could be trained, as a team, apart from the university. Dental school staff could still provide instruction to the auxiliaries in their general background courses while the clinical performance and supervision would be under the aegis of the hospital with government-supported funds. This would permit dental interns an opportunity to work with auxiliaries and to learn to supervise and co-ordinate the dental team.

19. While acknowledging that the dental hygienist's forte is dental education and prevention, the fact remains that before these capabilities can be efficiently utilized, they obviously must have adequate exposure to the widest possible number of patients. The hygienist's services must be made as attractive as possible to as many practitioners as possible. It is our opinion that the legal range of capabilities within the competence of the hygienist must be sufficiently expanded to provide a more attractive employment situation than at present. Once established within the dental office, we are convinced that, as never before, dental education and preventive services will be made available to the patients in that practice. Without question it is a matter of educating the dentists to the worth of the service.

20. The committee has adopted the following resolutions for Board consideration:

Whereas no conclusions are, as yet, available from pilot studies on the extension of duties of dental hygienists, as recommended by the Auxiliary Services Committee in 1965, and

Whereas it is impractical for the committee to make specific recommendations in regard to this expansion of duties until such studies have been completed, therefore it is again

Recommended that pilot studies on the expansion of duties of dental hygienists be instituted within dental school environment and further

That these studies include programs to demonstrate the validity of having dental hygienists, working under supervision of a dentist, insert and finish plastic fillings, in cavities prepared by the dentist.

21. Whereas specified expanded duties for dental hygienists have recently been recommended by the Nova Scotia Dental Association and the Board of the Royal College of Dental Surgeons of Ontario and

Whereas specified expanded duties for dental hygienists have been adopted in the rules, regulations and by-laws of the College of Dental Surgeons of British Columbia, and

Whereas specified expanded duties for dental hygienists are sanctioned by the Manitoba Dental Association and taught at the University of Manitoba, and

Whereas it is desirable to foster uniformity in the duties, services and training of Canadian dental hygienists, therefore be it

Recommended that corporate members amend their rules and regulations so as to permit hygienists to perform additional services presently permitted by other corporate members and any others which may be permitted within the provisions of the Canadian Dental Association policy statement, and be it further

Recommended that corporate members ask the schools of dental hygiene to incorporate these services into their curricula.

22. That the Auxiliary Services Committee recommend to the Council on Education that Council investigate whether degree courses in dental hygiene should be conducted; this field could be investigated from three aspects;
- (a) Preparation for an academic career
 - (b) Preparation for the present regular duties of a hygienist in practice and public health.
23. That the Recruitment Committee of the Canadian Dental Association gather the material available from the University of Manitoba on Recruitment of Dental Hygienists for editing and distribution to the Corporate Members, and
That the committee consider utilizing the recently-produced recruitment film of the American Dental Hygienists Association.

24. *Policy Statements*

The Canadian Dental Association Policy Statement on Auxiliary Personnel was reviewed and no changes were suggested at this time.

25. The committee recommends:

That the second paragraph of section 4, sub-section 3, of the Canadian Dental Association Policy Statement on Projection of Dental Services be deleted.

26. *Budget*

The committee adopted a 1967 budget estimate of \$3,500, to include the cost of the conference with dental technicians in addition to Council's regular meeting, and this request has been forwarded to the Treasurer.

COMMENT AND ACTION

The report of the Auxiliary Services Committee is informative and has created a great deal of discussion by the reference committee. The Board congratulates the chairman for a most comprehensive report and thanks the members of the committee for their many hours of hard work during the past year.

Provincial Reports

(The late reports of Alberta and Ontario have been added to Appendix A).
Whereas several corporate members have expressed concern that present and potential skills of dental hygienists are not being developed, and
Whereas some corporate members recommend expansion of duties of auxiliary personnel and others do not, and
Whereas there is lack of agreement amongst the provinces pertaining to

AUXILIARY SERVICES

definable duties of auxiliary personnel, permissive legislation and the role of auxiliaries in the dental health team, therefore be it Resolved that Section 89 of the Statement of the CDA on the Recommendations of the Royal Commission on Health Services, concerning the establishment of an independent investigating committee to study all aspects of auxiliary dental services, be implemented without delay.

ADOPTED

Dental Assistant Training

The following resolutions are presented as substitutes for recommendations from the Auxiliary Services Committee.

(1) Whereas several corporate members have recommended establishment of formal training programs for dental assistants, and

Whereas the report and evaluation of courses for dental assistants in Canada has indicated the existence of a variety of courses both in length and content, and

Whereas it is proposed to initiate a national certification program for dental assistants, therefore be it

Resolved that the Council on Education be responsible for the establishment of minimum curriculum requirements for dental assistants and should prepare a document, based on the material prepared by the Auxiliary Services Committee, setting out:

(a) The minimum requirements for the approval of a formal school for dental assistants;

(b) The minimum requirements for extension course programs sponsored by local societies.

ADOPTED

(2) Resolved that local and provincial dental associations be urged to establish formal training programs for dental assistants based upon the minimum curriculum requirements for dental assistants programs when approved by the Council on Education.

ADOPTED

Dental Technicians

Interpretation of the word "success" in the last sentence of paragraph 10 was the subject of considerable debate by the reference committee studying the report. Against the strongly expressed wishes of the British Columbia delegate, it was decided to qualify the meaning by inserting "some".

The Board rejects the wording of the resolution in paragraph 11, and offers a substitute:

Whereas there is need for improved liaison between the profession and dental technicians, and

Whereas formal training programs for dental technicians are in effect in three provinces and recommended in two others, and

Whereas it is desirable that dental technicians be more closely integrated with the dental team, therefore be it

Resolved that the Canadian Dental Association sponsor a conference to be held as soon as possible at Canadian Dental Association headquarters under the chairmanship of the chairman of the Auxiliary

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Services Committee, with a representative of the Council on Education being invited to attend, and further

That each corporate member be asked invite a representative of either the provincial organization of dental technicians or of laboratory owners.

ADOPTED

Dental Hygienists

The recommendation in paragraph 20 is rejected and the following is a substitute.

Whereas no conclusions are, as yet, available from pilot studies on the extension of duties of dental hygienists as recommended by the Auxiliary Services Committee in 1965, and

Whereas it is impractical for the committee to make specific recommendations in regard to this expansion of duties until such studies have been completed, therefore it is

Recommended that one or more of the Canadian dental schools conduct, with separate financial support, pilot studies on the duties of auxiliary personnel.

ADOPTED

The recommendation in paragraph 21 is rejected and the following is a substitute.

Recommended that corporate members attempt to reconcile the discrepancies in the duties of dental hygienists in the various provinces and amend their rules and regulations accordingly.

ADOPTED

The recommendation in paragraph 22 is approved. (There was one dissenting vote in reference committee.)

Policy Statements

The recommendation in paragraph 25 is rejected. Two motions from the floor:

That the CDA Policy Statement on Projection of Dental Services be amended by deleting the word "new" in section 4, subsection 3.

ADOPTED

That the CDA Policy Statement on Projection of Dental Services be reviewed and re-written by the appropriate body selected by the Executive Council.

ADOPTED

Moved by MacLean, seconded by English:

That the report of the Auxiliary Services Committee be adopted as amended.

ADOPTED

RECOMMENDATIONS OF CDA CORPORATE MEMBERS
RE: AUXILIARY PERSONNEL MARCH 15, 1966

	Dental Hygienist	Dental Assistant	Dental Technician	Dental Secretary	Dental Team Concept	Orientation Courses for Practising Dentists	Other Recommendations
B.C. *	Duties should be broadened to include insertion and polishing of plastic fillings and such other responsibilities the profession feels she is capable of assuming under supervision.	Formal course should include a substantial number of hours experience in the university.	Should receive training only in the fabricating of dental prosthesis on prescription of a dentist.	Should be considered part of the dental team.	In dental schools greater emphasis should be placed on the training of dental students in the use of dental hygienists and other auxiliaries.	Courses should be made available for dentists to be oriented in the utilization of auxiliaries.	
ALTA. *	A. Duties should be expanded to include: (1) Impression for study models. (2) Removal of saturates. (3) Dry socket irrigation and dressings. (4) Office management duties (5) Polishing fillings B. A school of Dental Hygiene at University of Alberta offers a two year course.	A. Trained dental assistants should: (1) Apply and remove rubber dam. (2) Apply topical fluoride. B. A one year course for Dental Assistants is available at N.A.I.T. in Edmonton. A second school is planned for S.A.I.T. in Calgary.	No expanded duties but the health team concept operating under one roof, and under the direction and full responsibility of the dentist is strongly endorsed.	Recommend that she be trained and utilized as a member of the dental health team.	Agreed.	No recommendations.	

RECOMMENDATIONS OF CDA CORPORATE MEMBERS RE: AUXILIARY PERSONNEL MARCH 15, 1966 (continued)

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	Dental Hygienist	Dental Assistant	Dental Technician	Dental Secretary	Dental Team Concept	Orientation Courses for Practising Dentists	Other Recommendations
SASK.							
MAN. *	Concerned that present and potential skills are not being developed because U of M curriculum includes some training in prosthetics. Expanded duties e.g. placing of filling material contemplated by faculty.	Recommended formal training program of at least 1 year at technical school. Plans for this course are imminent.	Recommend formation of an advisory council (technicians, union rep., govt. rep., CDA rep.) to determine standards of training and inspection. Recommend national certification. No expansion of duties.	No Recommendation.	No Recommendation.	No Recommendation.	
ONT. †	50 hygienists graduate each year from U of T. 20 hygienists will graduate each year from the proposed course at U of Western Ontario. Hygienists' services are constantly under review.	3 formal day courses now operating on an experimental basis. Local societies operate extension courses in several cities. Formal courses should be under the direction of a dentist or one dentist as co-ordinator for all courses. Recommended field experience for students in selected dental offices.	School for technicians started this year. Offered by Prov. Dept. of Education. 20 students. 2 yr. course. 2400 hours. Recommended that the Director of the Dental Technicians School be a dentist preferably oriented to restorative rather than prosthetic dentistry.				
	No further expansion of the training for Hygienists was recommended except to increase the number of graduates.	Suggested additional training facilities be made available at night school through Department of Education.	An assessment should be made of overseas training programs.	Recommend that dental secretaries should have chair-side training to improve their abilities in patient education and co-ordinating clinical and business aspects of dental practice.	Recommend that more emphasis should be placed on this at both graduate and undergraduate levels in the choosing, training and utilization of auxiliaries.	Recommend the establishment of a post-graduate facility for continuation of training in utilization of auxiliaries.	

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RECOMMENDATIONS OF CDA CORPORATE MEMBERS
RE: AUXILIARY PERSONNEL MARCH 15, 1966 (continued)

	Dental Hygienist	Dental Assistant	Dental Technician	Dental Secretary	Dental Team Concept	Orientation Courses for Practising Dentists	Other Recommendations
QUE. *	9 hygienists registered. Only 4 practising. Only one request to the College for services of a hygienist. Only one has applied to practise in Que. We think the time is not yet ripe for the dental hygienist to be in most of our dental offices.	Recommend that the govt. establish a one year course for dental assistants (20 each year) at the institutional level. Recommend an advanced course for DA's already employed (1 night a week)	A proposed 2 year course for technicians is being planned. No recommendation.	No recommendation.	No recommendation.	No recommendation.	We have even made a place for another kind of auxiliary whom we should call a dental nurse who could be a kind of hygienist with enlarged responsibilities.
N.B. *	Enlarge their role to include (1) taking of impressions for study models (2) polish restorations (3) fit orthodontic bands (4) apply rubber dam (5) take bite registrations (6) fit temporary crowns Recommend training to perform other duties. Only 3 hygienists in N.B. now.	Recommend establishing a training program at provincial technical institutes for dental assistants on a post grade 12 level similar to ADA Cert. Dent. Assistants. Recommend refresher courses for dental assistants at technical school.	Recommend formal training programs at technical institutes for technicians. Recommend that provincial technicians organization be encouraged to employ new employees and to educate them through evening courses at technical institutes.	No recommendation.	Recommend that all dentists in NB use one or more assistants (1/3 now use no assistant).	Recommend that all dentists in NB be shown the benefits of having a hygienist in their employ.	Enlarge the school of hygiene at Dalhousie to graduate more hygienists. More emphasis placed on recruitment of hygienists.

N.S. *	A committee is now studying the legal duties of hygienists with a view to enlarging her scope. School of dental hygiene at Dalhousie.	Now negotiating with Dept. of Education to institute an 8-10 month formal course with 16-32 students. Hope to start in fall of 1966.	NSDA sponsored an act of legislature to incorporate NS Association of dental technicians. NSDA working with the technicians setting up by-laws to help them to organize.	No recommendation.	No recommendation.	No recommendation.	Nil.
P.E.I.	No recommendations or comments.	The Dental Association sponsors an evening course to employed assistants at vocational school. Vocational school is interested in establishing a formal day course if an instructor can be found.	No recommendation.	No recommendation.	No recommendation.	No recommendation.	Nil.
NFLD.							

*Approved by the Provincial Board.
†Report of the Provincial Auxiliary Services Committee.

DENTAL TECHNICIANS

The following is a summation of the information currently available on the general status and conditions prevalent in the dental industry laboratories of each province.

Training Programs

A study of this aspect reveals that only three of the ten provinces have formal training programs for technicians in operation. While others are in the planning stage only one additional course will be offered this year. (Ontario)

The program in Manitoba is sponsored by the University Department of Extension and Adult Education. The Provincial Society of Dental Technicians also supports this endeavour. Attendance of one evening a week over a period of three winter sessions during three calendar years has qualified 14 technicians. This year's program has 18 registered trainees and to date is considered to be an outstanding success in continuing adult education.

In British Columbia a four-year apprentice evening class of approximately 150 hours, with a registration of 48 students is in its first year.

Quebec offers a five-year training plan and graduates 20 technicians.

Ontario expects to commence a two to three year course in September 1966 and eventually graduate 20 technicians per annum.

While New Brunswick does not have a formal training program, there is a plan for the upgrading of apprentices and qualified technicians.

Alberta has a formal training program of two-years duration plus a requirement of three-years apprenticeship. This has just begun and no technicians have been graduated to date. Training of technicians is still under consideration in Nova Scotia.

It would appear from the above information that while Quebec alone professes to accredit certain dental laboratories and certify technicians, three other provinces (New Brunswick, Ontario, British Columbia) only certify technicians. Also it is evident that there is no standardized dental technology curriculum to clarify the degree of achievement necessary for this recognition on a national basis. It might be further suggested that this aspect of technical training could be defined on a minimal requirement basis to provide a guideline for those who are planning these courses. Preferably the needs of the dental profession should be the dominant criteria as well as a determination of the limits of the non-professional duties which may be performed by the technician. A clear definition of the meaning of "certification" is required. There is the alternative of training a person who is capable of fulfilling any prescription provided by a dentist or simply training the student in a single phase of the commercial laboratory's operation. It remains to be seen whether a variant curriculum that is comprised partly of didactic studies and partly of apprenticeship on the job will eventually produce the former or latter type of dental technician. This aspect may increase in importance as the training of technicians is carried out by lay instructors in non-dental environments.

Accreditation

As noted previously only Quebec provides for certification of technicians and grants accreditation to dental laboratories. It should be observed that

whereas seven of the provincial technical organizations (Nova Scotia, New Brunswick, Prince Edward Island, Quebec, Manitoba, Saskatchewan and Ontario) were in favour of the formation of a national dental technicians organization, only three (Nova Scotia, Prince Edward Island and Saskatchewan) indicated willingness to co-operate with the Canadian Dental Association in the formation of a national accreditation board. Several replies left the issue in doubt.

This reluctance to accept the principle of accreditation by the so-termed 'ethical' laboratory organizations may in part be due to a lack of understanding of the full meaning of accreditation and the terms under which it may be conferred on a laboratory.

It should be explained by the Canadian Dental Association to the profession at large and to the laboratories that accreditation, so accorded means that the recipient agrees to abide by the existing laws on all dental matters, operates under a strict code of ethics and maintains certified dental technicians in all key positions. This gives recognition to the fact that the laboratory's capabilities are soundly established and worthy of patronage in a health service. It thus provides the recognition that has been expressed as being so desirable on many occasions by technicians. It would also institute the long overdue standards of criteria necessary for the selection of a laboratory service by the profession.

Dental Mechanics

Illegal practice in Quebec is always active, but less than before. The licensing board is strongly fighting it and the results in 1964 were 87 convictions with \$23,450 in fines, and in 1965 of 93 convictions with \$24,000 in fines.

Dental mechanics are legally making complete dentures for the public in two provinces (Alberta and British Columbia). The only restriction is a limitation preventing the insertion before the mouth has been edentulous for 21 days in British Columbia. It is reported that there are seven illegal offices being operated in Saskatchewan despite the fact that 20 convictions and fines have been levied in the past three years. The situation in Manitoba is pendant on a government decision regarding legislation and at present a number of mechanics are operating openly for the public. A similar group is seeking recognition in Nova Scotia and a comparable situation is likely to occur in New Brunswick. The activities of this type of illegal operation include partial removable dentures as well as complete dentures. Even orthodontic technicians have been involved in illegal operations in the past. The eventual scope of this plague to the profession is not difficult to imagine.

A favourable report concerning the operation of the public denture clinics in British Columbia indicates that these clinics are receiving public approval and patronage in an ever-increasing amount. The benefits of this approach are being realized by the profession and indeed are causing the local mechanics considerable concern. It is anticipated in the near future to make the treatment thus supplied even more attractive to the public. There is no means test for this service but the Welfare patient is excluded. There does appear to be a dire need of the public and profession to provide an adequate complete denture service at a reduced cost. This provision under professional control would be preferable to the hazards of treatment by untrained mechanics.

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Due to the difficulty of obtaining evidence leading to a conviction, the amount of illegal practice prevalent across the country as a whole is decidedly indefinite. Undoubtedly it is on the increase and will continue to rise as long as the need exists and there is a profit to be made. Only by providing a superior health service at less cost can this trend of events be controlled.

It should be noted that in only four provinces have the technicians made an organized effort to prevent the legal recognition of dental mechanics (Nova Scotia, Quebec, Saskatchewan, Alberta). In four provinces (Prince Edward Island, Newfoundland, New Brunswick and Ontario) the need has not apparently arisen to date.

Summary

- 1. Training programs of standard calibre leading to certification should be established under professional guidance for dental technicians.
- 2. Accreditation of dental laboratories should be promoted by the Canadian Dental Association in the common interests of the public, the dental profession and the laboratory operators.
- 3. A suitable complete denture service should be considered to meet the needs of the low-income segment of the population and to prevent the inroads of illegal operators on services best provided by trained professional personnel.

Respectfully submitted,
E. Downton, D.D.S.

Appendix C

PRESENT STATUS OF DENTAL HYGIENE PROGRAMMES
IN CANADA AND EXTENSION OF DUTIES

Present Status

At the request of the Chairman of the Auxiliary Services Committee of the Canadian Dental Association the report on the Present Status of the Dental Hygiene Programmes in Canada and Extension of Duties has been prepared. Several areas of investigation were suggested for review and these have been included.

In order to evaluate the present status of the number of Hygienists now enrolled, the anticipated number of graduates and the number of drop-outs, the following comparison tables are presented:

Table 1

Maximum enrollment figures for the four existing programmes are as follows:¹

	Dalhousie	Toronto	Manitoba	Alberta	Total
First Year	15	50	16	22	103
Second Year	15	50	16	22	103
					206

Table 2
Hygiene students enrolled in Canadian Dental schools 1964-1965²

	Dalhousie	Toronto	Manitoba	Alberta	Total
First Year	7	47	15	22	91
Second Year	10	46	9	11	76
					167

Table 3
Presently enrolled in Canadian Dental schools 1965-66

	Dalhousie	Toronto	Manitoba	Alberta	Total
First Year	8	50	15	22	95
Second Year	10	44	13	16	83
					178

Only Dalhousie reports insufficient qualified applicants to fill the places available.

Table 4
This comparison table has been compiled from tables 2 and 3 to indicate the *enrollment lost*.

	Dalhousie	Toronto	Manitoba	Alberta	Total
First Year 64-65	7	47	15	22	91
Second Year 65-66	10	44	13	16	83
	+3	—3	—2	—6	8 lost (11 lost 3 gained)

It is of interest to note that in the Dental Students' Register 1964-1965³ the percentages of enrollment loss was considered to be "startling", and that the "reasons for withdrawal of this magnitude need to be studied." Their figures quoted are given as follows:

First Year 1963-64 — Total 93
Second Year 1964-65 — Total 76

Therefore the loss for the freshman classes of 1963 was 17. Table 4 gives the loss for the freshman classes of 1964 at 8: It would be of considerable inter-

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est to follow this loss for the freshman classes of 1965 and subsequent years. I should also like to recommend that the reasons for loss might also be investigated. Academic failure is not always the reason. Several find that the field of Dental Hygiene is not for them and transfer into other courses. Since Hygiene is still a comparatively new and unknown profession it is surprising that these numbers of transfers are not greater than they are at present. I have found through contacts with students that many did not really understand what a Hygienist was or did until they progressed well on toward the end of the first term of the First Year. Guidance departments in Ontario secondary schools are still not as well qualified to enlighten and encourage prospective students as they might be. This is an area in which we hope to report improved conditions in the near future.

Now that the majority of schools can be quite selective in choosing candidates with high academic qualifications it would be anticipated that academic failures should show a decline.

Statistics show that Canadian women are marrying at an earlier age than their mothers and grandmothers. Since Hygiene students are in this age group, marriage and pregnancies are also a factor to be considered in the loss rate of undergraduates. However, it should be noted that several who have left courses in Hygiene after the first year because of marriage and pregnancies are now returning to complete their second year.

The lack of manual dexterity is also a cause for loss of students. Perhaps some form of aptitude testing could be adopted to eliminate this cause.

Health reasons, both physical and mental, will account for some of the loss. Mental breakdowns at the University level are definitely on the increase. Competition for places in University results in strain on the students and the constant pressure becomes more than they can endure. Frequently a year away from this atmosphere will be all that is necessary and they are able to return to complete their courses.

Financial reasons are not usually listed as being a cause for student loss in Dental Hygiene. Bursaries and/or loans are available in all Canadian schools.

Summary

Although only two years have been reported, the withdrawal rate has reduced from 17 to 8 for all of the Canadian schools. Further study into the causes might be considered and reported at a subsequent meeting and it is suggested that the reasons might be studied under the following headings:

1. Transfer to other courses and the reasons given
2. Academic
3. Marriage and Pregnancy
4. Health — physical and mental
5. Manual Dexterity
6. Financial

Numbers of Practising Hygienists in Canada and the Numbers of Dentists in Canada who now employ a Hygienist

In the Survey of Dental Practice, 1963⁴ we read that "at the end of 1963, there were only 165 hygienists practising in the whole of Canada". In the report

of the Auxiliary Services Committee, C.D.A. May, 1965⁵ we read: "In 1964 there were 165 practising hygienists in Canada. This is a ratio of 1 hygienist for every 37 registered dentists".

It is interesting to note that the same number, 165, appears for both 1963 and 1964. I was requested to report on the number of hygienists practising in 1966 and to date have found this figure difficult to assess. Those whose names appear on membership lists of the C.D.H.A. and provincial D.H.A. would not be a representative figure since many hygienists are practising who are not members of either the Canadian or Provincial associations. If we were to use the numbers from the Provincial registry, we would again not have a true representation since many who are not practising continue to renew their licenses annually. The figure of 165 appears to be low but I am not in a position to substantiate this number as quoted for both years, 1963 and 1964.

For these reasons, the number of hygienists now practising in 1965-1966 is not included in this report.

Degree Courses

In reply to a questionnaire submitted to the Canadian schools, Alberta and Dalhousie have indicated they are under consideration. At the present time neither Manitoba nor Toronto are planning any degree courses.

The need for academic staff qualified beyond the diploma level is great. An increasing number of graduates are proceeding to a baccalaureate degree in Arts and Science faculties with the view in mind of proceeding toward a teaching career in Dental Hygiene.

New Schools for Dental Hygiene in Canada

The Faculty of Dentistry, University of British Columbia is now planning a division of Dental Hygiene and the Faculty of Dentistry, University of Western Ontario proposes training twenty hygienists per year in their new programme.

In a personal communication from Dean Jean Paul Lussier, Faculty of Dentistry, University of Montreal, he has intimated the possibility that a school for Dental Hygiene might be started within two years' time and would hope to have more to report at this time next year.

Dean J. McCutcheon, Faculty of Dentistry, McGill University reports that the main reason they do not have a course at the present time is due to "lack of physical plant to accommodate such a programme." When their new building is planned however, a Dental Hygiene programme will be included.

Utilization of Graduate Dental Hygienists

From information gathered in a questionnaire circulated to the Directors of Dental Hygiene schools the following information is presented:

Alberta: Short courses of one or two days are arranged each year.

Manitoba: An excellent programme has been presented by the Faculty of Dentistry for two years. A one-morning seminar for dentists, senior dental students and dental hygiene students is conducted. This year a discussion on the utilization of hygienists in Public Health has been added.

Toronto: No courses at present in the utilization of hygienists but one is being considered. The Ontario Dental Hygienists Association have

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given annual presentations at the Ontario Dental Association Convention and the Winter Clinic of the Toronto Academy of Dentistry. Dalhousie: No presentations of postgraduate courses for dentists have been given by the school. One half day was given at the spring meeting of the Nova Scotia Dental Society on utilization of Dental Hygienists.

All of the schools are participating either directly or indirectly in such programmes. The course as presented at Winnipeg is an excellent one and the Committee might well recommend that other schools consider such a presentation.

Recruitment

From all reports received, I believe that this particular section is well covered by all schools. The fact that three out of four schools are now turning away qualified applicants is indicative of the success of the efforts put forth.

Alberta: Recruitment is a joint effort with the University of Alberta, Faculty of Dentistry, Student Counselling Services, Department of Education and the Alberta Dental Hygienists' Association.

Manitoba: A career night is held in October in conjunction with the Faculty of Dentistry. High school guidance counsellors notify prospective students of the event. This has proved very satisfactory. Another report from Manitoba concerns the session held with the Guidance Counsellor Association. This was held, at the request of the counsellors, in the fall at the Faculty to learn about dentistry and its auxiliary occupations. The visitation consisted of one afternoon session and was very successful. Forty-five minute interviews are arranged with interested students with the purpose of preventing any misconceptions about this field of work.

Toronto: The Faculty of Dentistry holds an annual Open House in February. This is to present to interested high school students and their parents, the advantages of careers in Dentistry and Hygiene. Hygiene students give presentations on all phases of their work including requirements for entrance, academic subjects, clinical procedures and social activities. The interest is encouraging and 1300 people visited the school at the Sunday afternoon Open House. The school provides speakers for high school career days throughout the province.

Dalhousie: High schools and guidance directors are contacted by mail and information circulated. Career day conferences are covered by the Faculty of Dentistry.

Refresher or Postgraduate Courses in Dental Hygiene

Alberta: Courses of two and three day duration are now presented for Graduate Dental Hygienists.

Manitoba: Such courses are not presently offered but they anticipate that they will be at some future date. At the present time there is no demand or need for this type of course.

Toronto: The request was received from the Ontario Dental Hygienists' Association this year and it is anticipated that some form of short courses will be presented during the session 1966-1967.

Dalhousie: At the present time no courses have been offered but a refresher course is hoped for in 1967.

EXTENSION OF DUTIES

In the report of the Council of Dental Education, C.D.A. Transactions 1965⁶, the resolution of the Auxiliary Services Committee was amended to read as follows:

"... that the pilot studies on extended services be encouraged within the existing curricula aimed at determining the feasibility of preparing the hygienist for increased responsibilities and an extension of these studies to graduate hygienists to be conducted to determine their productivity, their integration into the dental team and the economic soundness of their use in these expanded ways. Experimental studies in some aspects are being or have been carried forward at the Universities of Alberta, Manitoba and Toronto."

The following is a report of the above mentioned studies. Although Dalhousie was not mentioned, a report of their activities is also included.

Alberta: Experimental studies are presently being conducted.⁷ "The areas now being explored are: Polishing of restorations, curretage and root planing, and impressions."

Since these are now in progress, no evaluation can be included at the present time. Further studies apart from those currently undertaken, are not being considered.

Manitoba: The entire report of the work done on the expansion of the duties of hygienists in Manitoba is contained in the excellent publication of Richardson and Abbey.⁸ I should like to recommend that each member of the Auxiliary Services Committee be provided with a copy for further study.

The project began in September 1964 as an experimental programme to provide the hygiene students with the training necessary to permit them to perform the prosthetic duties delegated to them by the Dental Association Act of the Province of Manitoba, amended in 1960.

As a result of the successful completion of the experimental projects, prosthetics as outlined in the report⁸ is now, and was last year, a regular part of their curriculum.

Further projects are likely to be instituted into other areas. "One recommendation in a brief from the Faculty of Dentistry to a special committee of the Manitoba legislature (dealing with denturists) was that our curriculum be expanded to include more work in prosthetics and the placing of plastic restorations (in cavities prepared by the dentist)".⁹

Toronto: The experimental programmes into the capabilities of Dental Hygiene students to undertake expanded duties was started in 1962-1963 and completed in 1964.

The following is from the report of Dean Roy G. Ellis to the Board of the Royal College of Dental Surgeons of Ontario, 1965¹⁰

"... we reported that approximately two-thirds of the students registered

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in the Dental Hygiene classes were capable of being trained to perform a wide range of technical procedures. In addition it was indicated that if the scope of the Dental Hygienists' training was to be extended, aptitude tests would be necessary in order to identify those who should not be included in the group undertaking expanded training. The tests used in arriving at these conclusions were not in any way meant to indicate the areas in which the duties of the hygienist should be expanded, but rather to provide a reasonable assessment of their aptitude."

Dalhousie: The following has been reported by M. G. Sloanaker in reply to a questionnaire.¹¹ They are not now nor have they at any time conducted any experimental studies in the expansion of hygienists' duties. However, they do report "at present, teaching has been expanded only to the taking of impressions for study models, and polishing of amalgam restorations. However there is great agitation to become involved with the restoration of deciduous teeth, which we are investigating."

The following expanded duties for dental hygienists have come into effect since the last meeting of the Auxiliary Services Committee of the C.D.A.

These are quoted from the Journal of the C.D.A.:¹²

"Two Provinces Urge Expansion of Hygienists' Duties"

Expanded duties for dental hygienists have recently been recommended in Nova Scotia and Ontario.

A committee of the Nova Scotia Dental Association has advocated that the services which dental hygienists can be trained to perform should be expanded to include taking of impressions for study models, selecting and fitting bands and temporary crowns, application of rubber dam, and polishing of restorations. The committee's recommendations were approved by NSDA members at the association's annual meeting.

Ontario has also recommended additional duties for hygienists. At the November 22-24, 1965, meeting of the Board of the Royal College of Dental Surgeons of Ontario, the following additional duties for dental hygienists were approved:

- "(1) Orthodontic diagnostic record assembly to consist of the following points:
- (a) Profile and full face black and white anthropometric photographs;
 - (b) Frontal and right and left lateral intra-oral photographs in colour;
 - (c) Height and weight records obtained by anthropometric standards and plotted on appropriate graphic record;
 - (d) Cephalometric radiographic survey;
 - (e) Intra-oral radiographic survey;
 - (f) Carpal radiograph where required;
 - (g) Orthodontic study model, poured and trimmed to anthropometric standards;
 - (h) The measuring and recording of cranial facial characteristics on

a cephalometric radiograph after the placement of landmarks by the dental practitioner.

- (2) Replacement of separation elastics.
- (3) Preparatory selection of seamless band sizes on models preparatory to band fitting and replacement by the dental practitioner.
- (4) Beginning of instruction and demonstration in oral hygiene, mouth care and removable appliance placement.
- (5) Diet analysis for orthodontic patients.
- (6) Case record assembly at the completion of orthodontic treatment."

The Board also approved the polishing of fillings by a dental hygienist. This procedure was defined as "including the use of disks, stones, finishing burs, and abrasives to finish and polish new and old fillings, but excluding carving contours, margins, occlusal anatomy, interproximal surfaces on the newly inserted filling, and the correction for high spots on both new and old fillings."

Subsequent to the meeting of the Directors of the Canadian schools for Dental Hygiene, January 20th, 1965, the following can be reported.

1. All graduates from Dental Hygiene schools in Canada now conform to the *universal cap insignia*. The lavender band will be worn on the caps of all graduate dental hygienists. Cap design may vary with individual schools but the lavender band will be universal.
2. Through the co-operation of the Ontario Dental Association, a *Placement Service for Dental Hygienists* has been started in Ontario. This service is operated by a graduate dental hygienist under the direction of the Ontario Dental Association.
3. Until the present time, Quebec and British Columbia were the only two provinces requiring Provincial Board Examinations for those candidates from other provinces or countries seeking licenses to practise within their respective provinces.

The Province of Ontario will no longer grant licenses to practise to graduates from any other province or country without meeting the regulations set down by the R.C.D.S. of Ontario. These regulations include Ontario Board examinations and further information may be obtained from the Registrar of the Board of the R.C.D.S. of Ontario.

Summary:

1. Enrollment increased from 167 in 1964-65, to 178 in 1965-66.
Possible total enrollment is 206.
2. Enrollment lost 1963 — 17 and 1964 — 8.
3. Numbers of Practising Hygienists in Canada.
1963 — 88
1964 — 165
1965 — 211
1966 — 303
4. Degree courses available
None at present
Two under consideration.
5. New schools in Canada
Two to start shortly.

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6. Dental schools in Canada without Hygiene training programmes
Two.
7. Utilization of Dental Hygienists
Two schools conducting courses for dentists and dental students.
8. Recruitment
Good in all areas.
9. Refresher or Postgraduate Courses
Conducted by one school only
One school has definite plans
Two schools — under consideration when required.
10. Extension of Duties
Areas under consideration:
 - Polishing restorations
 - Curettage and root planing
 - Impressions
 - Prosthetics
 - Placement of fillings.
11. Expanded duties in effect since last meeting
Prosthetic programme (Manitoba)
Orthodontic procedures (Ontario)
Polishing restorations (Ontario, Nova Scotia)
Impressions for study models (Nova Scotia)
Selecting and fitting bands and temporary crowns (Nova Scotia)
Rubber dam procedures (Nova Scotia).
12. Lavender bands as cap insignia for graduate dental hygienists now universal.
13. Placement service for hygienists in Ontario sponsored by the Ontario Dental Association.
14. Provincial Board examinations instituted in Ontario.

Conclusions and Recommendations

1. Enrollment for the courses in dental hygiene is increasing annually. The withdrawal rate from all of the Canadian schools is decreasing. The loss of students is not, as once believed to be “startling”³. If however the reasons for this loss do require study, suggested procedure to follow have been given on pages 2 and 3.
2. Because actual numbers of hygienists in practice are difficult to obtain by either Provincial Registries or membership lists of Hygiene Associations a survey of licensed graduates is recommended. This survey could be conducted by Provincial Registrars to learn how many of those who hold current licenses to practise are actually employed as hygienists.
3. Since there are no schools conducting degree courses at the present time, consideration could be given as to whether or not these are necessary. This field could be investigated from three aspects:
 - (a) Preparation for an academic career.
 - (b) Preparation for the present regular duties of a hygienist in practice or Public Health.
 - (c) Extension of duties may or may not require that the undergraduate programme be extended either in depth or time or both.

4. Utilization to the fullest of all dental auxiliaries by the dental profession is an area considered to be of prime importance. Those schools who are not presenting such courses should be encouraged to investigate the possibility of instituting courses in the utilization of hygienists both for graduate dentists and the undergraduate dental student.
5. The success of one school's approach in recruitment by working with secondary schools' guidance departments is worthy of note. This is an approach which would eliminate a great deal of the misinformation given by the guidance counsellors. Also, through well-informed counsellors, prospective students would have a better understanding of the duties and role of a hygienist.
6. Refresher or postgraduate courses in Dental Hygiene should be encouraged. The format of courses is dependent upon the students enrolled. Hygienists who leave practice for a few years and wish to return would require a different type of course from those who, although continuously in practice since graduation, require training in new procedures permitted by legislation. The former would require not only the new procedures in Dentistry and Hygiene but also a short refresher period.
7. All schools should be commended for their efforts in the projects instituted to show that hygienists duties can be extended. Results of all of these experimental programmes should be relayed to Provincial licencing boards. Once Dental Acts are opened to permit additional duties on a uniform basis throughout Canada, the curricula of all schools can then become more uniform in subjects taught. It is becoming increasingly difficult for graduates to move to another province. If she is recognized by the Board of the province (and it is becoming more evident she may not) she will find herself at the disadvantage of either being trained to perform duties not permitted in that province or required to perform other duties in which she has not been trained.
8. New schools instituting programmes for dental hygiene should be encouraged to adopt the lavender cap insignia for its graduates.
9. Since more graduates are seeking positions annually, Provincial Dental Associations should be encouraged to sponsor placement services. To the present time this function has been one left with Hygiene school directors. If placed in the hands of a responsible hygienist and sponsored by a dental association both the dentist and the hygienist are served.
10. All dental hygiene calendars and course outline brochures should contain a section on licensing procedures. A prospective student should be notified that a diploma in dental hygiene does not necessarily permit her to practice in all provinces of Canada. She should consult the registrar of the province in which she intends to practice or to which she intends to return regarding her eligibility.

I wish to express my thanks for the assistance I have received in preparing this report. The three directors of Hygiene divisions in Canada have been most helpful and their assistance is gratefully acknowledged.

Respectfully submitted,

Marjorie Jackson, D.D.S.

Supervisor, Course in Dental Hygiene.

Faculty of Dentistry, University of Toronto.

AUXILIARY SERVICES

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5. Transactions of the C.D.A. Annual Meeting, Board of Governors, Quebec. May 26-29, 1965. Page 1.
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7. Personal communication in reply to a questionnaire. M. Berry, Director, Dental Hygiene, Faculty of Dentistry, University of Alberta, Edmonton, Alberta, Canada, February 1966.
8. Lt. Col. L. A. Richardson, D.D.S. and Dr. D. S. Abbey, Ph.D., University of Manitoba, Faculty of Dentistry, School of Dental Hygiene, Prosthodontics for Hygienists, June 1965.
9. Personal communication in reply to a questionnaire. M. G. E. Forgay, Director, Dental Hygiene, Faculty of Dentistry, University of Manitoba, Winnipeg, Manitoba, Canada. February 1966.
10. Proceedings of the Royal College of Dental Surgeons of Ontario, Annual Meeting April 12-15, 1965, Faculty of Dentistry, University of Toronto report, Dean Roy G. Ellis, #4 Dental Hygiene, Experimental Programme, Page 29.
11. Personal communication in reply to a questionnaire. M. G. Sloanaker, Director Dental Hygiene, Faculty of Dentistry, Dalhousie University, Halifax, Nova Scotia, Canada. February 1966.
12. Dentistry in the News: J.C.D.A. February Volume 32, No. 2, 1966 Economics, Page 125.

MEMBERS: *H. M. Cline, Chairman, Vancouver; A. G. Racey, Montreal; J. P. Whyte, Swift Current; M. V. J. Keenan, Sudbury.*

REPORT

1. This Council, at the request of the Executive Council, reviewed the proposed constitutions and by-laws of the Canadian Academy of Restorative Dentistry and the Canadian Academy of Endodontics, because these groups are applying for section status. Council also reviewed and commented upon proposed changes in by-laws of the Canadian Academy of Prosthodontics.

2. *War Memorial Awards Committee*

To implement the Board's expressed intention to transfer responsibility for the work of the War Memorial Awards Committee to the Council on Education, the following by-law amendments are recommended, the required notice to Corporate Members having been given:

Article X, section 1: delete (j)

(Note: This section of Article X sets up committees. Subsection (j) refers to War Memorial Awards Committee.)

Article X, section 4: delete (j)

(Note: This section of Article X states terms of reference for committees. Subsection (j) refers to War Memorial Awards Committee.)

Article IX, section 4(b): add (8) to administer the War Memorial Awards and to stimulate participation in the essay competition.

(Note: This Article refers to terms of reference of Councils, section (b) to Council on Education. Subsection (8) would be an addition to section (b) and would transfer the duties of the War Memorial Awards Committee to the Council on Education.)

3. *Necrology Committee*

(a) On recommendation from the Secretaries' Conference 1965, the Executive Council adopted the following resolution:

Whereas the sole function of the CDA Necrology Committee has been to compile an annual list of deceased members of the Canadian Dental Association, and

Whereas the records section of CDA headquarters is notified routinely by secretaries of corporate members about deaths of members, and can prepare an annual necrology report from this information, and

Whereas the present members of the Necrology Committee agree that the duties of the committee can be carried out without the existence of the committee, therefore be it

Resolved that the CDA Necrology Committee be dissolved, that the headquarters records section continue to compile an annual necrology report, and that the Council on Constitution and By-laws be instructed to offer suitable amendment to the by-laws to carry out the intent of this resolution.

CONSTITUTION AND BY-LAWS

(b) To implement this resolution, it is recommended that the following by-law amendments be adopted:

Article X, section 1: delete (f)

(Note: This refers to committees set up by the association and section 1(f) to Necrology.)

Article X, section (4): delete (f)

(Note: This refers to terms of reference of committees and section 4(f) to Necrology in particular.)

4. *Sections*

In 1965 the Board recognized the Canadian Academy of Prosthodontics as a section. Thus it is recommended that Article XI, section 1, of the by-laws be amended by adding "Section on Prosthodontics" to the list of sections.

5. *The Yukon*

In accordance with the direction of the Board of Governors, expressed at the last meeting, the Council on Constitution and By-laws has kept the matter open for further study. Presently there are four resident and three non-resident members of the Yukon Dental Association, to serve a huge area. It would appear that the present approach to membership relationship between the dentists of the Yukon and the Canadian Dental Association is quite satisfactory (that is associate membership Article II, section 4) but, this should be kept under review. As a point of interest, it was reported in the news media that the member of parliament for the Yukon had proposed that the Yukon Territory should be a province of Canada.

6. Council has collected some interesting data pertinent to the Yukon, and has the following on file:

- (a) An ordinance respecting the profession of dentistry.
- (b) Ordinance of Yukon Territory (1954). An ordinance respecting the practice of dentistry. Third session.
- (c) An ordinance to amend the Dental Profession Ordinance (Dec. 4, 1964)
- (d) *Yukon — Its Riches and Romance*, a booklet prepared by the Department of Northern Affairs and National Resources.
- (e) *Yukon Territory*, an excerpt from Encyclopedia Canadiana, Volume 10.

COMMENT AND ACTION

The report of the Council on Constitution and By-laws is partially informative. Members of this Council should be commended for their work.

War Memorial Award

With regard to paragraph 2, to implement the Board's intentions on the War Memorial Award the following resolution is presented:

Whereas the Canadian Dental Association has notified all corporate members of this change of status, be it

Resolved that Article X, section 1 of the by-laws be amended by deleting (j), and further

CONSTITUTION AND BY-LAWS

That Article X, section 4 be amended by deleting (j), and further
That Article IX, section 4 (b) be amended by adding: “(8) to administer the War Memorial Awards and to stimulate participation in the essay competition”.

ADOPTED

Necrology Committee

The resolution in paragraph 3(a) is approved.
Regarding paragraph 3(b), to implement the recommendation:
Resolved that Article X section 1 be amended by deleting (f), and further
That Article X section 4 be amended by deleting (f).

ADOPTED

Sections

Regarding paragraph 4:
Whereas the Canadian Academy of Prosthodontics is a recognized section of the Canadian Dental Association, be it
Resolved that Article XI section 1 of the CDA by-laws be amended by adding “Section on Prosthodontics”.

ADOPTED

Moved by Purves, Seconded by Edgecombe:
That the report on Constitution and By-laws be adopted.

ADOPTED

MEMBERS: *W. B. Coleman, Chairman; P. S. Christie, President CDA; W. G. McIntosh, Secretary CDA; D. G. Pentz, President N.S.D.A.; C. E. Dexter, Registration & Housing; H. M. Eaton, Essayists; H. J. MacConnachie, Table Clinicians; F. C. Fennell, Exhibitors; K. M. Kerr, Luncheons; J. E. Merritt and D. M. Bonang, Publicity; A. E. Hoffman and J. H. Findlay, Program; A. H. Ervin, Signs and Equipment; D. C. Eaton, Hosts; J. P. McGuigan, Reception; R. Epstein, Visual Education; R. W. Pentz, Local Transportation; L. J. Archibald, Musicale; G. W. Caldwell, Golf; Mrs. W. B. Coleman, Ladies Committee; E. F. Dexter, Treasurer; E. S. Morrison, Secretary.*

REPORT

1. *Annual Meeting*

The Nova Scotia Dental Association and the Canadian Dental Association will jointly host the 1966 Convention which will be held at the Nova Scotian Hotel in Halifax June 12th through the 15th. The committee has derived much pleasure from the planning of this meeting and the general chairman wishes to recognize and applaud the conscientious individual efforts of each committee member.

2. *Board of Governors and Executive Council*

(a) The Board meeting will be held in the convention hotel from June 8th to 11th inclusive. General sessions will be held in the Atlantic Room and sufficient space has been reserved adjacent to this room to handle meetings of reference committees and office requirements of CDA staff. Space has also been reserved for Executive Council meetings prior to and following the Board meeting.

(b) Early in 1965 consideration was given, at the request of Executive Council, to an alteration in the convention format but due to firm commitments with clinicians, and previous commitments of the Hotel, this was found to be impossible.

3. *Scientific Program*

(a) The following *clinicians* have consented to participate in our program. *Two presentations* will be made by each of the following:

- | | |
|------------------------|---|
| (i) Prosthodontics: | Carl O. Boucher, D.D.S.,
Ohio State University |
| (ii) Dental Materials: | Ralph W. Phillips, D.Sc.,
Indiana University |
| (iii) Drug Therapy: | Paul Dumke, M.D.,
Ford Hospital, Detroit |

One presentation will be made by each of the following:

- | | |
|--|--|
| (iv) Paedodontics (Exam and Diagnosis for Children): | Norman Levine, D.D.S., Toronto |
| (v) X-Ray Microscopy of Dental Pulp Vessels: | R. L. Saunders, M.D., Professor of Anatomy,
Dalhousie University, Halifax |

(vi) Grieve Memorial Lecture:

George M. Anderson, D.D.S.,
University of Maryland, Baltimore, Md.

(b) A two hour *Panel Discussion* will take place immediately following a luncheon on Tuesday, June 14th.

Title: Essential Role of Prevention in Dental Health.

Moderator: P. S. Christie, D.D.S., F.I.C.D., President, Canadian Dental Association.

Panel Members: R. A. Clappison, D.D.S., F.A.C.D., Chairman, Canadian Dental Association Dental Services Committee.

J. Kreutzer, D.D.S., B.Sc.D., F.A.C.D., Professor of Preventive Dentistry, Faculty of Dentistry, University of Toronto.

H. A. Grimsrud, D.D.S., D.D.P.H., Director of Dental Health Division, Department of Public Health, Province of Saskatchewan.

Lt. Col. D. H. Protheroe, D.D.S., M.P.H., Royal Canadian Dental Corps School, Camp Borden, Ontario.

This phase of our scientific program is to be underwritten by Procter and Gamble Company of Canada and their support is gratefully acknowledged.

(c) Eighteen *Table Clinics* have been included in our program and are designed to cover all phases of dentistry. It was decided to limit the number of clinics to facilitate freedom of movement between and around tables. The presentations will be held Monday, June 13th, in the Atlantic Room.

(d) A *Visual Education* program, consisting chiefly of films and static displays, will be conducted for three days, June 13th to 15th inclusive. The comprehensive showings will be accurately scheduled and times of showing and brief comments on films will be published in the convention program.

(e) Reasonable success was achieved in the establishment of an interlocking program — probably more through good luck than good management. Five of the clinicians appearing on the general convention program are also taking part in section programs.

(f) A general program outline is appended as Appendix A.

4. *Luncheons*

Three luncheons will be tendered beginning at 12.30 p.m. on Monday, Tuesday and Wednesday, June 13th, 14th and 15th. They will be sponsored by the Canadian Dental Association, City of Halifax and the Nova Scotia Dental Association respectively. The cost of these luncheons will be included in the registration fee.

5. *Social Program*

(a) *Gathering of the Clans*: On Sunday evening — June 12th, the Commonwealth Room will be set up “Carbaret Style” so that delegates may get together in a relaxing atmosphere. Musicians will entertain in “troubador” fashion and a half-hour stage presentation will feature the nationally known “Jubilee Singers”. Bar facilities will be available and light refreshments served.

(b) *Lobster Party*: The Province of Nova Scotia has invited all those registered at the convention to be its guests at a lobster party on Monday evening. This affair, which is anticipated to be the highlight of our social pro-

CONVENTION

gram, will be held in the Canadian Immigration Building on the Halifax waterfront and is within walking distance of the Nova Scotian Hotel.

(c) *President's Reception*: The President's reception, dinner and dance will be the final function of the convention. The reception is to take place in the Atlantic Room, while the dinner and dance will be held in the Commonwealth Room — cost to be included in registration fee.

(d) *Ocean Sailing*: The schooner "Bluenose II", a replica of the famous Nova Scotian racing schooner which appears on the Canadian ten cent piece, has been chartered for Tuesday, June 14th. Trips have been scheduled for morning and afternoon. Tickets for this adventure are necessarily limited and will be sold on a first come first served basis.

(e) *Golf*: Arrangements are being made for members of the Association, and their wives, to play golf at three clubs in the Halifax-Dartmouth area.

(f) Boating, swimming, deep-sea fishing and sight-seeing tours of both the harbour and the city will be available for those who might be interested.

(g) *Ladies Program*: The Ladies Committee has been exceedingly active and is very enthusiastic about its plans for the ladies attending the convention. An outline of the Ladies Program is appended.

6. *Registration and Housing*

Projected registration figures used as a working basis for a budget have been established at 450 dentists and 250 wives. Registration fees will be \$40 single and \$50 for a dentist accompanied by his wife. The majority of those attending the convention will be accommodated by the Nova Scotian and Lord Nelson hotels. The remainder will be booked at excellent motor hotels and motels in the city. At present 240 rooms have been reserved at the Nova Scotian, 100 at the Lord Nelson, 35 at the Citadel Motor Inn and 25 at the Dresden Arms Motor Hotel. More are available if the need arises.

7. The 1966 Convention Committee decided that inasmuch as CDA headquarters was authorized to offer extended help in the planning of national conventions (Reference: CDA Transactions 1965: 69, para. 7) it would avail itself of that help in the fields of commercial exhibition, publicity and the printing of program material. To this end an invitation was extended to Dr. Frank Compton, Mr. Kenneth L. Croft and Mr. Gordon V. Allen to meet with the committee and help with the above-mentioned phases of convention planning. In acknowledging the assistance rendered by these gentlemen, the General Chairman wishes to tender profound appreciation and thanks for their efforts in the orientation of publicity material, securing and contracting of commercial exhibitors and advertisers and the setting-up and printing of forms, contracts and programs. It should be noted here that the commercial exhibitors and advertisers have indicated that they are extremely pleased with this arrangement.

8. *Exhibits*

(a) Contracts have been signed for all of the 38 commercial exhibit spaces.

(b) Space will be provided without charge for three non-commercial exhibits.

9. *Printed Program*

The program will be of a size convenient for handling and contain sufficient advertising to offset printing costs.

10. *Publicity*

Beginning with the January issue, the Journal of the Canadian Dental Association has publicized the convention for five consecutive months. The February issue contained a twelve page supplement devoted to the convention activities. Extra copies of this supplement were printed at committee expense and these again distributed by direct mail to every dentist in Canada approximately two months later. Publicity mailings were carried out through the courtesy of:

- (a) Canadian Dental Association
- (b) Air Canada
- (c) Procter and Gamble Ltd.
- (d) Province of Nova Scotia
- (e) City of Halifax
- (f) Two supply houses in the Atlantic Provinces
- (g) Direct mailings to 200 American dentists courtesy of Dalhousie University Alumni Association.

Announcements appeared in all Canadian dental publications and in those of most northeastern states of the U.S.A.

11. *Dental Hygienists and Dental Nurses and Assistants*

The committee has appointed one of its members to act as a liaison with these groups and every effort is being made to assist them in planning their programs.

12. *Budget*

A copy of the budget is appended as Appendix C. All favours to dentists, wives, hygienists and assistants are sponsored by Colgate-Palmolive Ltd. of Canada.

COMMENT AND ACTION

The report of the Convention Committee is for information only.

The interesting program both scientific and social is a credit to the chairman and his committee, and the Board of Governors extend their thanks and appreciation to all concerned.

Scientific Program

The Board notes the establishment of the interlocking program and recommends that the program chairmen of the sections of the CDA and the convention program chairmen confer at the earliest possible date on the selection of clinicians. Sections are reminded that the convention program has to be planned two to three years ahead.

Paragraph Seven

The Board is pleased to note that the assistance from headquarters in the planning of the national convention was requested and that the arrangement worked to the satisfaction of all concerned.

Moved by Abra, Seconded by Langlois:

That the report of the Convention Committee be adopted as amended.

ADOPTED

APPENDIX A

MEN'S PROGRAM

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>
9.30 - 10.30 Prosthodontics (Dr. Boucher) 11.00 - 12.15 Grieve Memorial Lecture (Dr. Anderson) 12.30 C.D.A. Luncheon 2.30 - 4.30 Table Clinics 6.30 Lobster Party Province of N.S.	9.30 - 10.30 Prosthodontics (Dr. Boucher) 11.00 - 12.15 Dental Materials (Dr. Phillips) 12.30 City of Halifax Luncheon 2.00 - 4.00 Panel Discussion 4.00 - 5.00 Drug Therapy (Dr. Dumke) Free Night	9.30 - 10.30 Drug Therapy (Dr. Dumke) 11.00 - 12.15 Dr. Saunders 12.30 N.S.D.A. Luncheon 2.30 - 3.30 Dental Materials (Dr. Phillips) 3.30 - 4.30 Paedodontics (Dr. Levine) 6.30 President's Reception Dinner and Dance

CONVENTION

APPENDIX B

LADIES' PROGRAM — CDA CONVENTION — 1966

Sunday, June 12th — Registration
(Ladies' Hospitality Room open afternoon and evening)
p.m. — "Gathering of the Clans"
(Entertainment, Refreshments)

Monday, June 13th — Registration
(Ladies' Hospitality Room open throughout the day)
Welcoming Coffee Party
Shopping Spree, Halifax Shopping Centre, Coffee served
p.m. — Reception, Lobster Party

Tuesday, June 14th — "Bluenose" Cruise in Morning
Ladies' Luncheon — Lord Nelson Hotel (Entertainment)
"Bluenose" Cruise in afternoon
(Ladies' Hospitality Room open throughout the day)
p.m. — Free

Wednesday, June 15th — Mid-morning Brunch, Citadel Inn
Tour of Citadel Hill Museums and Fortifications
(Ladies' Hospitality Room open throughout the day)
p.m. — Reception, Dinner and Dance

1966 CDA CONVENTION BUDGET

Revenue

Dentists	450 x \$ 40.00.....	\$18,000.00	
Wives	250 x \$ 10.00.....	2,500.00	
Exhibitors	38 x \$175.00.....	6,650.00	
Program Advertisement		1,300.00	
Luncheons		300.00	
Grants: Province of Nova Scotia		4,000.00	
City of Halifax		1,000.00	
Advances: CDA		250.00	
NSDA		300.00	
			\$34,300.00

Disbursements

Registration	\$ 600.00
Clinicians	2,300.00
Table Clinics	300.00
Luncheons	16,000.00
Publicity	1,227.00
Program	1,495.00
Reception	200.00
Signs and Equipment	600.00
Exhibitors	3,421.25
Hosts	350.00

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Transportation	300.00	
Musicale	1,200.00	
Visual Education	700.00	
Ladies Committee	2,500.00	
Administration (Stat. and Steno.)	300.00	
Miscellaneous	500.00	
Return of Advances: CDA	250.00	
NSDA	300.00	
		\$32,543.25
Net Profit		
		\$ 1,756.75

MEMBERS: *R. A. Clappison, Chairman, Toronto; L. Bernier, Quebec; G. Lie, Weston; B. M. MacKenzie, Edmonton; H. G. Pettapiece, Parksville; H. J. MacConnachie, Halifax; J. M. Carefoot, Ajax.*

REPORT

1. The annual meeting of the Dental Services Committee is planned for October 3-4, 1966. Thus the committee as a whole has not met since the last annual meeting of the association.

2. *Dental Services for Non-Ambulatory Patients*

The Dental Services Committee, with the co-operation of the headquarters staff, sent a questionnaire to the dentists of Canada to determine those dental offices readily accessible to patients confined to wheelchairs or those with locomotive difficulties. The list compiled from the replies to the questionnaire will be of considerable use to the Committee on Rehabilitation of the Canadian Medical Association and to the corporate members of the Canadian Dental Association.

3. *Dental Prepayment Plans*

The chairman of the Dental Services Committee contacted Mr. Foster, secretary of the Canadian Health Insurance Association, informing him that the CDA is interested in co-operating with this association in the development of a uniform claim form for dental expenses. The secretary expressed a desire to co-operate but felt that other matters took precedence at this time. He will forward the desire to co-operate to the association and if any project is recommended he will contact the CDA.

Relative Value Method of Fee Determination

4. There have been requests from various national and international sources for reprints of the report of the Dental Services Committee on the Relative Value Method of Fee Determination.

5. Three of the corporate bodies have produced revised fee guides or schedules and two more are in the process of preparation. These revised guides or schedules are based somewhat on the Reference List of Services of the CDA and the principles of the Relative Value Method of Fee Determination.

6. One commercial publication, providing material on practice management, has applied for reprints to fulfill anticipated requests arising from an article on the Relative Value Method of Fee Determination proposed for publication.

COMMENT AND ACTION

The report on Dental Services is chiefly informative. The Committee, however, is to be commended for its work in the past and encouraged for its forthcoming meeting in October.

Moved by Mussells, Seconded by Baird:

That the report of the Dental Services Committee be adopted.

ADOPTED

NATIONAL EXECUTIVE COUNCIL: *P. E. Currie, Chairman, London; E. A. Stang, Edmonton; E. F. Allison, Calgary; H. A. Grimsrud, Regina; R. O. Brett, Regina; J. Stasiuk, Winnipeg; C. H. McCormick, Winnipeg; N. Levine, Toronto; D. L. Rife, Executive Secretary-Treasurer, Toronto.*

REPORT

1. The third annual meeting of the National Executive Council of the section was held on May 30, 1965, in conjunction with the Canadian Dental Association meeting at the Chateau Frontenac, Quebec City.
2. The newly-formed Saskatchewan Chapter was officially recognized and the two delegates seated in Council.
3. The component chapters of the C.S.D.C. now consist of Alberta, Saskatchewan, Manitoba and Ontario with a total membership in excess of 350 dentists. The 1966 Council Meeting should include chapter representation from B.C. and the Maritimes and thus will constitute a truly national representation with the exception of Quebec.
4. In Quebec, the Council:
 - (a) Appointed a committee of Drs. W. H. Feasby and C. H. McCormick to review and possibly recommend changes in the terms of reference of the annual awards of the C.S.D.C. to a recipient in each of the Canadian dental schools.
 - (b) Requested that the financial statement of the section be prepared on an annual basis and thus be in agreement with the CDA statement.
 - (c) Reviewed an Interim Report on National Standards of Dental Care for Children initiated and collated by Dr. W. Feasby at the University of Manitoba and referred this back to the Manitoba group for further development.
 - (d) Re-elected Dr. P. E. Currie Chairman for 1965-66.
5. Since the Quebec meeting, the Council has:
 - (a) Arranged, in conjunction with the newly formed Atlantic Chapter, a one-day clinical session to be held Saturday, June 12th, just prior to the CDA Convention. Four members of the Ontario Chapter will be responsible for the presentation.
 - (b) Introduced two changes in the Constitution, secured ratification from the Chapters and forwarded these changes to the Board of Governors and the Council on Constitution and By-laws, CDA. (See Appendix A)
 - (c) Received for further study and possible amplification in conjunction with the CDA Bureau of Economic Research, a report on National Standards of Dental Health Care for Children.
 - (d) Established liaison with the Canadian Academy of Paedodontics in order that a co-ordination of purposes and communication with the CDA may be enhanced.
 - (e) Co-operated with the Journal of Dentistry for Children in arranging for six issues annually rather than four, to be distributed to all C.S.D.C. members.
 - (f) Voted to confer an Honorary Life Membership on Dr. Gordon Nikiforuk, to be presented at the Ontario Chapter meeting in May, 1966.

6. The Executive Secretary-Treasurer has accepted the following appointments:

- (a) Attendant at the second Canadian Conference on Children.
- (b) Co-ordinator for the C.S.D.C. and C.D.A. with the Company of Young Canadians.
- (c) Representative to the Children's Creative Centre, Expo 67.
- (d) Representative, National Fluoridation Committee, Health League of Canada.
- (e) Member, Convention Committee (1967) C.D.A.
- (f) Representative for the C.D.A. to the Medical Advisory Board, Health League of Canada.

7. *Chairman's remarks*

By June of 1966 the section should represent some 400 dentists across the nation who have a special interest in providing high standards of dental care for children. In view of the Hall Commission Report and the recent announcement of President Lyndon Johnson to introduce legislation to provide dental services for younger children, it is vital that the C.S.D.C. become an increasingly responsible force in C.D.A. policy. This will be achieved best by intensive and searching discussion by all constituent chapters. Equally as important as regional debate will be the ability of council delegates to effectively transmit their constituents' views to the national forum of our Council and ultimately to the C.D.A. Board of Governors. At this stage in the Canadian health and welfare program it is entirely probable that the fundamental decisions with respect to any governmental intervention in dental care for children will be initiated at the federal level. Too often in the health field plans are formulated and organizational wheels are spun without the guidance of those practitioners who must ultimately accept the responsibility for health standards. Through our section status we have an excellent opportunity now to promote imaginative concepts which will meet the future dental needs of our young patients. The key is informed and articulate representation on our National Council.

8. *Chapter Highlights*

Alberta — 75 members.

The Alberta Chapter sponsored the fourteenth annual conference of the Pacific Northwest Conference of Dentistry for Children at Banff in June, 1965. A one-day meeting at Red Deer, Sept. 10, 1965, featured Dr. V. Nord of Great Falls, Mont.

(b) *Saskatchewan — 30 members.*

A two-day meeting was held at Saskatoon on Oct. 23rd and 24th, 1965, with Dr. S. A. MacGregor, University of Toronto, and attended by 45 dentists.

(c) *Manitoba — 29 members.*

A fall clinical meeting, October 16, 1965, was held in Winnipeg with Dr. Kenneth McRae and Dr. Wallace Grant as clinicians during the morning session, and Dr. C. McCormick and Dr. C. Castaldi during the afternoon. The spring business meeting was held March 29, 1966, with Dr. A. R. Tanner, assistant to the Deputy Minister, Manitoba Department of Health, as the principal speaker.

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- (d) *Ontario* — 195 members.

Annual meeting to be held in conjunction with the Ontario Dental Association on May 14th, 1966, Royal York Hotel, Toronto.

COMMENT AND ACTION

The report of the National Executive Council of the Dentistry for Children section is basically informative. The section is to be congratulated for its enthusiasm and the splendid report submitted.

Moved by Mussells, Seconded by Brett:

That the report of the Dentistry for Children section be adopted.

ADOPTED

Appendix A

March 29, 1966

Board of Governors,
Canadian Dental Association,
234 St. George St.,
Toronto, Ontario.

Re: Revision of the Constitution Canadian Society of Dentistry for Children

Gentlemen:

At a recent meeting of the National Executive Council of this Society, changes in the Constitution were approved. These changes have been submitted to the Chapters as under Article 14 and have been approved. The following revisions of the Constitution are therefore adopted and are submitted to the Board for its approval:

- (a) Article 6 Chairman — amended to read as follows:

“The National Executive Council will choose one of its members to be Chairman on an annual basis. The Chapter from whose delegation the Chairman is chosen, will appoint another delegate to the National Executive Council to represent it for the term of the Chairman.

The Chairman will hold *unchanged* Council.

The Chairman will prepare *unchanged* Annual Meeting.

- (b) Article 16 Constitution for Chapters . . . *Section A* amended to read as follows:

“Section A Membership

Chapters shall *unchanged* and student

Class I — Active — A — General membership shall be limited to members in good standing in the Canadian Dental Association

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B — Specialty membership shall be limited to members in good standing in the Canadian Dental Association and the Canadian Academy of Paedodontics

Class II — Associate membership may be conferred *unchanged* recognized institutions

Class III — Student membership may be granted *unchanged* dental school."

Yours sincerely,

Donald L. Rife, D.D.S.,
National Executive
Secretary-Treasurer.

REPORT

Survey of Dental Practice, 1963

1. As recommended last year by the Board of Governors, top priority among the Bureau's 1965-66 regular and special assignments was given to completing the Survey of Dental Practice. The source data of the survey is contained in over 500 pages of computer output tabulated on the basis of detailed specifications supplied by the Bureau. When the machine runs had been decoded and checked, tables were tabulated, analyzed and, where possible, compared with those of the 1953 and 1958 surveys; the accompanying text was written, graphs and other pictorial presentations designed and a dummy layout of the galleys prepared.

2. Each chapter has been distributed as soon as it was printed and excerpts from the survey chapters have been appearing in the *CDA Journal*. When the last chapter is printed, the twelve chapters will be published in the form of a booklet. The final printed version of the survey will be over 100 pages in length including 100 tables and 30 graphs.

Survey of Dental Offices

The Bureau assisted the Dental Services Committee in conducting a survey of all dental offices and compiled a list of about 2,000 offices easily accessible to non-ambulatory patients. Such a list had been requested by the Committee on Rehabilitation of the Canadian Medical Association.

Public Health Survey

The Bureau assisted in the technical aspects of preparing, printing and mailing to a ten per cent sample of all dentists survey questionnaires connected with the first phase of the study of the Status and Needs of Dentistry in Public Health. This survey is being conducted by the University of British Columbia with the co-operation of the CDA and is being financed by a public health research grant.

Dental Mechanics

Files have been set up containing all available information on illegal practice and the activities and methods of dental mechanics seeking the legal right to deal directly with the public. Information has been arranged chronologically by province or country. This material will be summarized at the earliest opportunity. In addition, a survey of selected countries is being conducted in order to obtain recent information on this problem in other areas.

Annual Studies

The seven studies conducted annually by the Bureau have been completed. These are:

- Average Income of Canadian Dentists;
- Applicants and Applications to Canadian Dental Schools;
- Dental Students' Register;
- Headquarters Staff Dental Plan;
- Dental Personnel in Canada;

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Fluoridation in Canada;
Longevity and Mortality of Dentists.

No major changes in the format of the published reports occurred this year.

7. *Applicants and Applications to Canadian Dental Schools*

This year for the first time, the Bureau exchanged information on applicants with the Association of Canadian Medical Colleges. As a result of this exchange, a paper comparing applicants and applications to Canadian medical and dental schools is being prepared for publication.

8. *Fluoridation*

A system of file cards has been set up to maintain a current record of pertinent information on all communities known to be naturally fluoridated or which are now fluoridating or have ever fluoridated their water supplies. A similar record has been established of all fluoridation plebiscites held in Canada.

Dental Economics Newsletter

9. Twelve issues of the Newsletter were published in 1965. The first four volumes of the Newsletter are being bound and an index of news items by subject matter is being compiled for easy reference.

10. The format of the Newsletter was changed beginning with the January, 1966 issue. The new appearance has received favourable comments from Newsletter readers.

Miscellaneous Assignments

11. In October, the Director flew to Vancouver at the request of the British Columbia Dental Association to act as a consultant at a special emergency meeting of the BCDA on the subject of dental prepayment plans.

12. In addition, the Bureau received varied requests from many different sources for information or assistance.

13. The Director administers the Headquarters Staff Dental Plan and supervises the membership records section. This section is responsible for keeping the Association's master file of members up to date. There are between 1,500 and 2,000 changes a year in members and/or their addresses. It requires the full working time of one staff member to make the necessary revisions in the Association's records and in the *CDA Journal* and other mailing lists.

COMMENT AND ACTION

The report on the Bureau of Economic Research is chiefly informative. Mrs. Isabel Brown and staff are to be commended.

Moved by English, Seconded by MacLean:

That the report on the Bureau of Economic Research be adopted.

ADOPTED

MEMBERS: *J. McCutcheon, Chairman, Montreal; R. V. Blackmore, Edmonton; R. B. DeWare, Moncton; S. W. Leung, Vancouver; J. W. Neilson, Winnipeg; O. J. Yule, Toronto.*

REPORT

1. The annual meeting of the Council on Education was held at the Canadian Dental Association headquarters on January 27th-28th, 1966, with all members present. The Dean of each Canadian Faculty of Dentistry attended the meeting together with the members of the CDA Executive Staff, Dr. H. W. Reid, Toronto, Adviser to Council and Dean A. C. Lewis, Toronto, Consultant to Council. By invitation, Dr. Ken Wessels and Mr. T. J. Ginley represented the Council on Dental Education of the American Dental Association in their capacities of Secretary and Director, Division of Educational Measurements. Dr. R. A. Connor, Ottawa, was present at all of the sessions, by invitation.

2. *Arthur Lambert Walsh*

Council recorded with deep regret the passing in December, 1965, of Dr. A. L. Walsh, formerly Dean of the Faculty of Dentistry of McGill University and a founder and first chairman of the Council on Education. The resolution adopted appears in Council minutes and was sent to Mrs. Walsh.

Dental Students' Register, Applicants and Applications

3. The Director of the Bureau of Economic Research presented for the consideration of Council extensive and meaningful data and statistics concerned with a broad spectrum of factors related to pre-dental, dental and dental hygiene students. This information is a most valuable reference record of dental education's status in these regards and was gratefully received by Council with commendation to Mrs. I. Brown for her efforts in bringing the material together. The reports, which have been published, are worthy of your careful study.

4. As indicated in our report for 1965, a survey of the schools to study the possibility of accepting a larger number of first year students than can be accommodated physically in upper year classes to provide for predictable 'wastage' was undertaken during the past year. A report on that survey, which stipulates that the principle is considered to be undesirable by the schools, was received by the Council.

National Dental Examining Board

5. Dean J. D. McLean, Council representative to the National Dental Examining Board, presented a comprehensive report on the actions and deliberations of the Board insofar as these relate to the areas of interest of the Council.

6. The Council in receiving this report was very pleased to learn formally that the Board had amended its by-laws in such a fashion as to allow a senior dental student of an approved school to undertake the Board examinations and have the results thereof withheld until the student has, in fact, graduated from his university. The Council looks forward, as well, to examining the results of the study being carried forward by Dr. Malcolm Taylor acting as a Commissioner for the Board.

Dental Hygiene Schools

7. During the past year Dean J. W. Neilson acted as Chairman of a Council committee, comprised of Miss Margaret Berry and Dr. P. G. Anderson, which was concerned with the preparation of a statement which would establish the minimum requirements for the approval of a school of dental hygiene in Canada. That statement (Appendix A) was discussed at some length and the Council now recommends it to the Board of Governors for their approval.

8. In the minds of the members of the Council committee noted above, there appeared to be a practical need for a further elaboration in greater detail on the document now before the Governors. Council concurs in this and in anticipation of the approval of the document by the Governors, work is now going forward on the preparation of a second document, for eventual circulation to interested institutions, entitled "Guidelines for Dental Hygiene Education".

9. *Survey of Dental Schools*

The Council heard and approved with minor amendment the report presented by Dean R. G. Ellis on behalf of his sub-committee commissioned to study the future of the Survey Team. As well, approval was given to the roster of names in the different categories noted in the report from which the membership of future survey teams will be selected. The significant result of the actions of the sub-committee and the Council lies in the establishment of a clearly defined policy and procedural method which will govern future surveys in a fashion designed to meet not only the general needs but the particular requirements of individual schools. Further, the selection of members of visitation teams, by the panel technique, can be keyed individually to specific school demands. Work is now going forward on arrangements for the next series of school surveys. Council expresses to Dean Ellis and his committee its appreciation for their truly productive efforts in this important area.

10. *Aptitude Testing*

At its meeting in Quebec City last year the Board of Governors adopted a resolution that the "Council on Education be requested to institute, at the earliest convenient time, an aptitude testing program based on the recommendations . . . of the Council". Pursuant to this directive, studies, primarily by Dr. R. M. Grainger in consultation with directly concerned people and institutions in both the CDA and ADA, were carried forward which resulted in recommendations being brought to the Council detailing the procedures and requirements for initiating the program. In adopting this report with minor amendments, Council directed the Chairman to appoint a Dental Aptitude Test Committee charged with the responsibility of implementing the test program under Council's direction. Dean Dunn has subsequently agreed to chair this most important committee and considerable progress has already been made. A supplementary budget application has been submitted to the Executive Council for funds to support the essential first steps to bringing the program, which is expected to be self-supporting, into operation. The program should be viable to assist in the selection of 1967-68 freshman classes.

11. *War Memorial Awards*

The Council adopted a report (Appendix B) which proposed the creation of a sub-committee which would be responsible for the operation of the War

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Memorial Award Essay Competition. The method of operation and terms of reference of the sub-committee were, as well, thereby, established. It is understood that the first competition under the direction of the Council would be in the 1966-67 academic session. (See also report of Council on Constitution and By-laws.

Parent Commission

12. As noted in this report of a year ago, the Report of the Royal Commission of Inquiry on Education in the Province of Quebec contained certain recommendations which would have considerable significance for the schools of dentistry in that Province. Dean Lussier's report (Appendix C) to Council clearly delineates the areas of greatest concern. After debate, the Council adopted the following resolution:

That the Council on Education of the Canadian Dental Association views with grave concern the lowering of standards in dental education which would result should the recommendations of the Parent Commission in respect of standards of admission for faculties of dentistry be implemented, and further

That, to enable the provision of a course of study in keeping with contemporary standards, Council urges that every effort be made to maintain and, where necessary, to improve upon present requirements of admission of faculties of dentistry.

13. It is hoped that, in acting on this report, the Board of Governors will lend its endorsement to the principle contained in the resolution.

14. *World Survey of Dental Schools*

A report (Appendix D) of progress being made by a sub-committee under the Chairmanship of Dean Lussier investigating the possibility of developing a facility for the evaluation and accreditation of dental schools on a world wide basis was received. As Governors are aware, this is a most challenging and difficult task. While the objective is clearly worthwhile it must be appreciated that its complete achievement is unlikely. Nevertheless, the sub-committee efforts have been productive and should result in very valuable reference material. A further report on this matter will be presented at the next meeting.

Teaching Conferences

15. Each year the Council sponsors a teaching conference on one or other of the curriculum areas found in the undergraduate degree programs of our dental schools. A delegate from each of the schools is invited to represent the department concerned at a two-day meeting during which an opportunity is provided to discuss and compare basic programs, report on experimentation, share common problems and solutions, and debate those issues which influence standards of excellence in the teaching of the particular discipline under study.

16. This year a most valuable conference was held in January on the subject of Periodontics under the capable chairmanship of Dr. C. H. M. Williams of the University of Toronto. His report (Appendix E), which suggests the broad range of topics discussed, forms a document which has significant reference value for all Canadian schools. The Council is grateful to Dr. Williams for his important contribution to the success of this conference.

17. As noted in this report of a year ago, the report (Appendix F) of the teaching conference on Prosthodontics held in March, 1965, was deferred for Council discussion until the 1966 meeting for the reasons given. This too was a most valuable conference and Council extends its appreciation to Dr. Jean Nadeau of the University of Montreal for his able organization and direction.

18. It was agreed that the topic for the 1967 teaching conference should be The Faculty of Dentistry Library. Dean A. C. Lewis, Consultant to Council, has agreed to chair the conference.

19. *Association of Canadian Medical Colleges*

During the subject year the Council was represented by invitation to the Twenty-Third Annual Meeting of the Association of Canadian Medical Colleges held in Kingston on October 4th and 5th, by Dr. W. G. McIntosh and Dr. M. A. Rogers. Their report stimulated considerable discussion and Council, in receiving it, expressed its endorsement of the principle of the formation of a Canadian Association of Dental Schools. This matter has been referred to the study of the Deans of the Canadian schools and rapid progress, it is understood, is being made towards the bringing into being of the Association of Canadian Faculties of Dentistry.

20. *Recognition*

The Council wishes to recognize with real appreciation the efforts of Dr. G. T. Mitton who presented a comprehensive report on the activities and plans of the National Recruitment Committee, of Dean J. D. McLean who brought to the Council the most recent developments and progress within the Canadian Fund for Dental Education, of the Editor of the Journal who submitted proposals underlining once again his ready preparedness to co-operate in the most effective use of the Journal in serving the objectives of dental education, of Dr. C. H. M. Williams, once again, for his extensive progress report (Appendix G) on the work of the National Cancer Institute of Canada, of Dean H. R. MacLean through whom a report on the activities of the Auxiliary Services Committee was made available for the study of Council; and, of the CDA Executive Staff, and in particular Mr. Ken Croft, whose enthusiastic and unfailing support through this year has made the task of the chairman so very pleasant.

COMMENT AND ACTION

The report of the Council on Education reveals the scope and usefulness of the functions performed by the Council. The members of the Council and all others who contributed to its accomplishments of the past year are to be heartily commended for the efforts expended in the recognition of their duties and the dispatch with which they have carried them out.

Dental Hygiene Schools

The minimum requirements for the approval of a school of dental hygiene in Canada, referred to in paragraph 7 and recorded in Appendix A are approved.

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Parent Commission

The principle contained in the resolution in paragraph 12 is endorsed.
Moved by MacIsaac, Seconded by Coupland:
That the report of the Council on Education be adopted.

ADOPTED

Appendix A

MINIMUM REQUIREMENTS FOR THE APPROVAL OF A SCHOOL OF DENTAL HYGIENE — 1966

1. *Preamble*

The Council on Education of the Canadian Dental Association has been identified since 1950 with the establishment of minimum requirements for faculties of dentistry in Canada. This commendable activity has manifested itself in the Council's periodic appraisal of the country's existing facilities for dental education. With the later advent of schools of dental hygiene within these faculties, it is a normal development for the Council to take an active interest in the establishment of minimum requirements for these schools.

In establishing these requirements however, the Council makes clear that its intention is not to coerce a teaching staff into following a certain pattern of studies. The intent is rather that the school should be encouraged, under the guidance of the program outlined herein, to develop in such a manner as to achieve the general aims and objectives of the education involved, having in mind at all times the policy statement on auxiliary personnel of the Canadian Dental Association* which reads in part as follows:

"Developments in the field of health services have become accelerated greatly during recent years. An increased demand for dental services exists and improved economic conditions have contributed to the demand. The public pressure for increased health services is signified by the activity and proposed actions of government in the health services field. All of which presupposes a real need to search ways and means of supplying adequate dental services under acceptable conditions for the public. The development and employment of auxiliary personnel in a satisfactory manner represent a large factor in the solution of the problem."

2. *Constituent Requirements*

A. *Admission*

A candidate for admission to an approved school of dental hygiene should possess successful standing in:

- (a) at least one academic year of Arts and Science** in a recognized college or university, or

* Adopted by Board of Governors, Canadian Dental Association 1958.

**Based on a four year baccalaureate program in Arts and Science.

(b) the equivalent of this year taken elsewhere.

The content of the pre-dental hygiene curriculum must of necessity conform to the general admission requirements of the individual university, but if and where latitude exists it is suggested that:

(a) Chemistry be included if at all possible, and

(b) the biological sciences be included as well, should it be possible to do so without jeopardizing other career aspirations of the still uncommitted student.

B. *Curriculum*

The Council considers a program for the education of dental hygienists should consist of approximately 1600 hours extending preferably over a total period of two academic years. The curriculum should be designed to provide a formal program which will not interfere unduly with the time required by the student for independent study, for planned reading and for preparation of reports.

The curriculum by nature is essentially oriented to the basic and applied sciences, but selected aspects of the social sciences and humanities should also be included if the aims and objectives of the education are to be achieved.

The content of such a curriculum has already been generally accepted through experience in Canada and elsewhere. The following list of subjects, although not exhaustive, represents the main core which the Council expects to find in an approved program:

Anatomy, General (Gross and Microscopic)	Medical and Dental Emergencies
Anatomy, Dental (Tooth Morphology and Oral Histology)	Microbiology
Biochemistry	Nutrition
Clinical Dental Hygiene	Orientation to Dentistry, Practice Management and Office Procedure
Dental Materials	Pathology
Dental Public Health and Education	Pharmacology
Embryology, General and Oral	Physiology
English, Literature and Composition	Preventive Dentistry
Ethics and Jurisprudence	Psychology
	Public Speaking
	Roentgenology
	Sociology

The coverage of these subjects and the number of hours devoted to each should be so determined by the staff that a well-rounded basic pre-dental hygiene and dental hygiene program is assured. However, none of the foregoing should be interpreted as meaning that every subject listed must be identified by a specific course title or name in the curriculum.

Attention should be given to periodic assessment, review, and hopefully improvement of the curriculum by the teaching staff.

C. *Organization and Financial Support*

The school should come under the general supervision of a faculty of dentistry. The funds necessary for the support of the school

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should be incorporated as an integral part of the budget of that faculty and the organization of the school and the staff should be under the direction of the dean.

The responsibilities and authority of the school's administrator should be equal to those assigned other such administrators by the parent institution.

D. *Personnel*

There should be a sufficient number of well qualified staff members to teach the number of dental hygiene students in attendance. Such staff members should have an appreciation of the aims of dental hygiene education. Within the staff should be an adequate number of full-time appointees, including dental hygienists, who are provided with the time and the resources to further their individual academic interests.

E. *Library*

The same care in selecting library books and periodicals by the parent institution should be exercised on behalf of the school of dental hygiene as is rendered in respect of other divisions of the university. The library should be readily accessible and students should be allowed some free periods in their timetable to make use of it.

F. *Physical Plant*

The term "physical plant" includes more than the square footage utilized by the school of dental hygiene on either a shared or exclusive basis. It includes the satisfactory division of this space into classrooms, laboratories, clinics, etc., and the uses to which these are put. It includes the equipment contained therein, as well as such features as lighting, ventilation and cleanliness. Above all, the physical plant should be capable of accommodating the number of students enrolled, and it should be capable of meeting fully the school's stated aims. It is also assumed that the physical plant will be in close proximity to the faculty of dentistry.

G. *Research*

The dental hygienist is a university oriented person and it follows that the responsibilities of the school in which she is educated should also include the pursuit of new knowledge as well as the transmission of that which is already known.

3. *Conclusion*

The fulfillment of the foregoing seven constituent requirements should provide a framework upon which a successful and satisfactory school of dental hygiene may be built. In addition, however, such a school will require the co-operation, support, and goodwill of many other interested parties and individuals as well. It is the hope of the Council on Education of the Canadian Dental Association that the preparation and circulation of this document may help to achieve the highly commendable objective

of sustaining and strengthening the role of the dental hygienist as a co-worker in the field of dental health in Canada.

Margaret Berry
P. G. Anderson
J. W. Neilson, Chairman

Appendix B

WAR MEMORIAL AWARDS

Last year Council declared its preparedness to assume responsibility for the War Memorial Awards competition, if requested to do so, under terms of reference acceptable to the Council.

The Board of Governors, at their meeting in Quebec City in June last requested Council to prepare these terms of reference in anticipation of the transfer of the responsibility noted above from the War Memorial Awards Committee to the Council next year.

It is, therefore, proposed that a War Memorial Awards Sub-Committee of the Council be created in the nearest future.

It is further proposed that:

— The sub-committee shall consist of five members, including the Chairman.

— The Chairman shall be appointed annually by the Council and shall be a member thereof.

— The Chairman shall appoint the other members of the sub-committee annually at his own discretion.

— The Chairman shall report on the activities of the sub-committee at each regular annual meeting of the Council.

— The Chairman shall report, directly to the Chairman of Council, the results of each War Memorial Award competition who shall include them in his annual report to the Board of Governors.

It is finally proposed that the duties of the sub-committee shall be:

— to be responsible to the Council on Education for the administration of all aspects of the War Memorial Awards Essay Competition; and,

— to stimulate participation in the competition from among those eligible.

Appendix C

THE RECOMMENDATIONS OF THE PARENT COMMISSION AND THEIR CONSEQUENCES ON DENTAL EDUCATION IN THE PROVINCE OF QUEBEC

The recommendations most likely to introduce some changes in the actual pattern of dental education in the province of Quebec were transcribed from Volume 2*, listed and brought to the attention of the Council on Education at the 1965 meeting. The information was received but no comments were

*Report of the Royal Commission of Inquiry on Education. Volume 2 — 1964.

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recorded. Since this time, the Council of the Faculty of Dental Surgery of the University of Montreal took a closer look at these recommendations which may have a direct bearing on the dimensions of the dental curriculum, on the admission requirements and on the degree granted at the termination of the course in Dentistry.

The recommendations in relation with dental education are listed in Appendix.

The committee was much concerned by the recommendations dealing with the requirements for university entrance and compared them to the admission standards outlined in "The minimum requirements for the approval of a dental school" (1959) published by the Canadian Dental Association. It is not impossible that the level of education required for acceptance in the first year of Dentistry could be ascertained by the programmes to be implemented in the "institutes". However, if the number of years is limited to two, it is doubtful that this period will be sufficient to include the scientific courses and the other courses prerequisite to studies in Dentistry. It must be emphasized that the actual tendency is to admit students and to attract those who have a more extensive background than two years of college. The statistics of students admitted to dental schools in Canada and United States are clearly indicating that the trend is for better educated predental students and that two years of college are not considered any more an optimum. To illustrate this further, it should be recalled that the dental schools at the University of British Columbia and Western Ontario are requesting three years of college or equivalent from their candidates to admission. The same rule applies to the Faculty of Dentistry, University of Alberta. More than 60% of the students admitted at McGill, Faculty of Dentistry, are B.A. or B.S. degree holders. Other dental schools in Canada are also considering in a near future higher requirements for admission than two years of college. These findings are indicating that to apply blindly the Parent recommendations could be harmful to the Quebec dental schools in their effort to improve the quality of dental students.

With reference to recommendation 113, the application of this recommendation would deprive the Faculties of Dentistry (McGill and Montreal) of the privilege to grant the D.D.S. degree at the end of their four year curriculum. In order to retain the privilege to grant the doctorate degree (D.D.S.), the dental curriculum would have to be extended over a six year period, otherwise the Bachelor's degree (licence), would be the only legitimate one according to the Commission's statements.

Reverting to the granting of the bachelor's degree at the end of the actual four year course appears as a regression and is not acceptable or practical under the existing conditions in the dental schools of Canada and U.S.A.

The committee came to the conclusion that two solutions could be considered in an effort to reconcile the actual traditions of Canadian dental schools and the recommendations of the Parent Commission.

1. That the programme of the institutes prerequisite to the courses of Dentistry be extended to three years; that the dental curriculum still be of four year duration and that the D.D.S. degree be granted to those who will terminate this course successfully.
2. That a three year Bachelor's course in Biology and allied subjects prerequisite to the study of Dentistry, following two years of institute, be

compulsory before admission to Dentistry, that the subjects to be taken in this Bachelor's course include some which are already in the dental curriculum such as Biochemistry, Anatomy, Physiology and General Bacteriology, so that the dental curriculum could be reduced to three years. After successful completion of this three year curriculum, the D.D.S. degree would be granted.

Respectfully submitted,
Jean-Paul Lussier.

Appendix C1

1. (99) We have proposed that the number of years devoted to study prior to entrance to all university faculties should not exceed thirteen, and that after the kindergarten, these thirteen years should include an elementary level of six years, a secondary level of five years and a subsequent level of pre-university and vocational studies of two years, the latter to be offered in composite institutions called institutes.
(110) The establishment of a uniform means of access to the university, and of a uniform admission time for all faculties and departments, after the acquisition of the thirteenth year diploma awarded by the institutes, will already have done much to clarify structures at this level. It must likewise be remembered that some faculties will have been relieved of their preparatory years, hitherto serving the needs of students coming directly from the secondary course, and that other faculties will have turned over to the institute certain pre-university technical or vocational instruction at this level. . . .
2. (302) — 82 — We recommend that the state encourage school attendance through the thirteenth year for the greatest possible number of students and adopt the necessary measures to give these young adults an appropriate education of high quality.
83 — We recommend that for this purpose there be established a level of education complete in itself, of two years' duration, after the eleventh year, which shall be clearly separate from both the secondary school course and higher education.
84 — We recommend that this course shall be the preparatory stage required for higher education, in the case of those intending to continue their studies, and, for all others, a terminal phase in general education and vocational training, preparing directly for a career.
88 — We recommend that all students who intend to go to higher education devote at least two years to pre-university and vocation studies before being admitted to the university.
3. (318) — It is impossible to over-emphasize the fact that the proposed reform will be fully achieved only if in future a university degree in a given discipline requires the same length of studies in all universities, English and French, in Quebec. It is indeed urgent to do away with the present anarchy, resulting from extreme differences in the length of studies, both between French-language and English-language universities and among the French-language universities themselves. Thus a Master's

degree in one of the social sciences at the present time requires a one-year or at most a two-year course of study at McGill, a three-year course at the University of Montreal and four-year course at Laval University . . .

(319) — An orderly system of higher education will never be established in Quebec if the conditions we have listed in the preceding paragraphs are not met. These are, in brief, that the first university degree must be sufficiently specialized (although the degree of this specialization may vary) to be recognized as a degree marking the end of university studies; that the universities — particularly the French-language universities — must make their programmes of studies more flexible so as to lead to diplomas with varied degrees of specialization; that a degree in any given discipline must require the same length of studies in all Quebec universities. These conditions having been stated, it becomes relatively easy to propose a coherent system of higher education . . .

(320) — In short, we believe that this will be a way of conveying with all necessary clarity the new definition which we propose for university degrees. That is why we recommend that in the French-language universities, the first degree be called the “licence”, with mention either of the specific discipline in which the student has specialized (chemistry, mathematics, history), or of the field to which the student has devoted the major part of his studies (science, literature, social sciences), that the second degree be called the “diplôme d’études supérieures” and the third, the “doctorat”. In the English-language universities, the first will be the Bachelor’s degree, with mention of a discipline or a field, as is the case with the “licence”, the second, the Master’s and the third, the Doctor’s.

4. (374) — 110 — We recommend that higher education be defined as all studies subsequent to the thirteenth-year diploma.

111 — We recommend that, in order to establish an orderly system of university studies, the first degree awarded by all the universities of Quebec require at least three years, or six complete semesters, of study after the thirteenth-year diploma, and at most four years, or eight complete semesters; the second, one or two additional years of study and research; the third, at least three years of study and research after the first degree.

112 — We recommend that in all the French and English-language universities of Quebec, the awarding of degrees at the same level in the same discipline require studies of the same duration, and that the duration of these studies be fixed by the Department of Education, after consultation with the university authorities of the province and with the Superior Council of Education.

113 — We recommend that, in French-language universities, the first degree be called the “licence”; the second, the *diplôme d’études supérieures*; the third, the “doctorat” and that, in the English language universities, the equivalent university degrees be Bachelor, Master and Doctor.

5. (321) — The universities which up until now admitted students from the “secondaire scientifique” or the high school will henceforth receive students better prepared to undertake higher studies and possessing a better general education and more thoroughly assimilated knowledge.

The faculties which now insist on the “baccalauréat ès arts” or the Bachelor’s degree must modify their entrance requirements. There is no reason why the faculties of Law, Medicine, and Dentistry should not accept directly students obtaining diplomas upon the completion of pre-university and vocational studies, if the faculties of Arts, of Science or of Philosophy accept them. Under the present system, a great number of French Canadian students already obtain their “baccalauréat ès arts” after fourteen or even thirteen years of schooling. In the structures which we propose, the universities will not receive candidates less well prepared or less mature; they will have the advantage of receiving all candidates at the same level and at approximately the same age. Certain professional bodies will therefore be called upon to amend their statutes to make them conform to this change. In addition, any temptation to organize qualifying courses within a faculty must be resisted. This is a method of selection of which we disapprove because, in the end, it works more to the advantage of the university than of the students . . .

6. (374 — 114 — We recommend that the universities only admit students who have obtained the thirteenth year diploma or its equivalent.

115 — We recommend that the faculties which now require the “baccalauréat” or the Bachelor’s degree for the admission of students revise their standards in such a way that students will henceforth be admitted after the thirteenth year diploma, and that no university or faculty be authorized to demand special preparatory or qualifying courses.

116 — We recommend that, wherever necessary, the requirements of professional corporations be amended to conform with these standards of admission.

Appendix D

REPORT ON THE SURVEY OF DENTAL SCHOOLS ON A WORLD WIDE BASIS

A committee was appointed by the Council on Education of the Canadian Dental Association to conduct a survey whereby information could be secured on the programmes conducting to a dental degree in the existing dental schools.

The F.D.I. has a commission on Education empowered to collect all information pertinent to dental education. The first action taken by the committee was to write to the General Secretary of the F.D.I. and to ask for a list of existing dental schools on both hemispheres. Dr. Leatherman’s reply pointed at a study made through the W.H.O. which resulted in the publication of the first edition of the Directory of Dental Schools (1961). We were later informed by Dr. A. Cowans, Secretary of the Commission on Education, that a questionnaire is ready and will soon be circulated among the dental schools in view of reediting this directory in the near future. Other data resulting from the questionnaire are expected to be reported on in a year or so.

In fact, the Directory of Dental Schools can be easily obtained from the W.H.O. Headquarters in Geneva. It contains data concerning the admission requirements, the curriculum, the staff and the characteristics of the institutions therein listed.

The committee feels that this Directory is very valuable and it could be used to initiate a permanent record of all dental teaching institutions. The

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annual collection of bulletins from these schools could permit an up-to-date information available right from the file.

The filing index would consist of a series of cards classified according to the names by alphabetic order and another series according to the countries. It has to be decided if the committee will act as an informative service or if the duty should be delegated to the C.D.A. secretarial office to keep the information up-to-date and to release it when requested.

Respectfully submitted,
Jean-Paul Lussier.

Appendix E

CONFERENCE SESSION ON TEACHING PERIODONTICS

The Council on Education of the Canadian Dental Association showed wisdom when it envisaged and provided for a Conference on the Teaching of Periodontics. The representatives of the dental schools who were in attendance expressed with enthusiasm opinions concerning the value of the conference in enhancing the teaching of periodontics in the dental schools of Canada. It seems certain that benefit will accrue to the population of Canada and to the dental profession.

Participants named by the deans of the schools of dentistry were:

- M. J. Averback, University of Manitoba.
- C. Durand, University of Montreal.
- R. F. Harvey, McGill University.
- G. J. Parfitt, University of British Columbia.
- R. G. Stephens, Dalhousie University.
- M. W. Packer, University of Alberta.
- C. H. M. Williams, University of Toronto, Chairman.

Observers were:

- J. C. Kenrick, McGill University.
- S. M. Mankodi, University of Toronto.

Topics requiring preparation and presentation of reports were assigned as indicated below:

1. Responsibility of dental profession to the public in respect to periodontal disease. Scope of service, relating to periodontal disease, which should be provided by general practitioner of dentistry. By—Dr. Robert F. Harvey.
Will involve:
 - (a) Epidemiology of periodontal disease;
 - (b) Significance of periodontal disease;
 - (c) List of kinds of service which should be provided;
 - (d) Estimate of number of chair-hours per year necessary for practitioner to provide service for various age groups.
2. Existing undergraduate programs for teaching concerning periodontal disease in schools of dentistry in Canada. By — Dr. C. H. M. Williams.
Will involve:
 - (a) Prerequisite courses in other departments which relate to periodontal disease—such as physiology of occlusion, pathology and bacteriology of periodontal diseases, etc.;

- (b) Outline of courses by years, hours, topics and method of presentation.
3. Outline of a suitable undergraduate course in periodontics to meet present and near-future (5 years) needs of public in respect of periodontal disease. By — Dr. R. G. Stephens.
Will involve:
- (a) List of topics to be presented by department of periodontics divided by year, proposed method of presenting and number of hours required. N.B. List dental occlusion but "Integrated Teaching of Occlusion" will be a separate topic.
 - (b) References "Undergraduate Periodontology, Proceedings of a Workshop for Teachers in Periodontology", "Kentucky Curriculum" and other reports.
4. Integrated Teaching of dental occlusion. By — Dr. M. J. Averbach.
Will involve:
- (a) Description of portions of teaching concerning dental occlusion for which other departments of school should be responsible.
 - (b) Portions of teaching concerning dental occlusion for which department of periodontics should be responsible. Suggest place in total course in dentistry, form of presentation and hours required.
5. Examination, charting and treatment planning concerning periodontal disease. By — Dr. C. Durand.
Will involve:
- (a) Recommended scope of each phase of above.
 - (b) Proposed plan of teaching. Designate year, topics, number of hours required and type of presentation.
6. Training hygienists concerning periodontal disease. By — Dr. M. Packer.
Will involve:
- (a) Relation of program for training hygienists to other departments.
 - (b) Topics, relating to periodontics, which hygienists should be taught. Indicate by whom, form of presentation, hours required.
7. Grading in undergraduate clinical practice of periodontics. By — Dr. M. Packer.
Will involve:
- (a) Quantitative requirement. Value? How decided? How recorded?
 - (b) Qualitative grading — criteria and records.
8. Graduate teaching of periodontics. By — Dr. G. J. Parfitt.
Will involve:
- (a) Need for graduate training.
 - (b) Scope of training with proposed outline of curriculum.

Every participant submitted a valuable report and within the allotted time. It was with real regret that we were advised at the last moment that Dr. G. J. Parfitt of British Columbia was unable to attend the conference because of illness.

It was assumed that the charge to the conference could be stated as:

- (a) Recommendation of a program for teaching periodontics designed to serve the needs of the public.

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- (b) Analysis of and recommendations for improvement of the existing programs for teaching periodontics.

It was agreed that two features of the teaching in dental schools for which the department of periodontics should assume considerable but not sole responsibility are:

- (a) teaching concerning dental occlusal function
- (b) teaching of hygienists

It is agreed that the need of the population of Canada, for which the dental profession is responsible, is healthy natural dentitions. It was also agreed that loss of natural teeth, because of periodontal disease, constitutes a failure of the dental profession as a health service. It is the opinion of the conference that the great majority of the members of the population of Canada could retain their natural dentitions in health and comfort if the teaching concerning prevention and control of periodontal disease were applied as zealously as is the teaching concerning the prevention and control of dental caries.

Epidemiological studies reveal that periodontal disease is as nearly universal among adults as dental caries is among children. With the great majority of the population periodontal disease has its onset in youth or early adulthood. It usually progresses slowly, unobtrusively and undetected until the third, fourth or fifth decade of life — by which time the ravages of the disease are obvious.

The general practitioner of dentistry should be trained particularly and thoroughly concerning early detection and simple therapy of periodontal disease. Unless it is mandatory in all departments of the dental school that examination and charting concerning the periodontal tissues shall be as frequent and intensive as examination of the tooth tissues, this effort fails at the first step.

The future general practitioner should be given also instruction and introductory clinical experience with the treatment procedures for more advanced periodontal disease. However, it was unanimously and vigorously agreed that undue attention to the new and somewhat more spectacular methods of surgery on periodontal tissues is unfortunately drawing attention away from the much more fundamental and valuable procedures of early detection and non surgical therapy.

Concerning the teaching of periodontics to undergraduates the following main opinions controlled the development of a proposed minimum program of instruction

1. First year — interest and some understanding concerning periodontal disease should be established.
2. Second year — teach importance of and nature of periodontal disease. Initiate teaching on prevention and treatment.
3. Third year — provide intensive teaching of therapeutic procedures during the early part of first term just before students begin clinical practice. Remainder of year weekly or bi-weekly lectures to reinforce previous teaching.
4. Fourth year — weekly or bi-weekly lectures on special problems and advanced procedures.

The outline of a proposed teaching course for undergraduate dental students is based on the preceding principles. It follows:

Outline of a Suitable Undergraduate Course in Periodontics

First Year

“Orientation to Future Clinical Practice”. The Department of Periodontics (or Oral Medicine) should take main responsibility for this course. The purposes are:

- 1. To stress prevention and control of dental and periodontal diseases rather than more technical procedures with which the student is already familiar because of personal and family experiences. To stress that they, the dentists of the future, will devote a significant part of practice to prevention and early control.
- 2. To demonstrate applications of basic biologic sciences to the practice of dentistry.
- 3. To provide initiation to professional conduct and responsibilities.
- 4. To balance the technical introduction to clinical dentistry.

The program includes:

- 2½ hrs. (a) *Demonstration clinic or clinics* — a variety of clinical conditions are presented. Application of the sciences is demonstrated.
 - 10 hrs. (b) *Lectures*, using slides, to explain exercises listed below and to discuss clinical conditions seen in previous clinical practice sessions.
- Clinical practice* — students perform examination and tests for each other. See list below.

Department of Periodontics
First Dental Year
Clinical Exercises

Operator's Session	Exercise	
1	1	Origin and nature of fluids of the mouth.
1	2	Swab test for caries activity.
1	3	Examination of teeth and surrounding structures.
		Circuits 1 to 6 inclusive as described in “A System of Examination and Treatment Planning” (Form 544 Faculty of Dentistry, University of Toronto). Third molars particularly.
2	1	Gingivitis score.
2	2	Drawing labial of lower incisor.
2	3	Stain plaque, score plaque, then remove by tooth-brushing.
2	4	Finish circuits 1 to 6.
3	1	Cytological smear technique.
3	2	Classification of occlusion.
3	3	D M F determination.
4	1	Scaling of teeth.
4	2	Polishing of teeth.

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Second Year

Lectures:

- 10 hours To cover the importance of, nature of and clinical features of periodontal disease plus an introduction to examination and clinical management of periodontal disease.

Orientation to Clinical Practice:

- 6 hours The practice of simple therapeutic procedures.

Third Year

A concentrated training concerning clinical conditions and procedures should immediately precede active clinical practice.

- 25 hours *Lectures:*

At least fifteen of these lectures should be presented two, three or four per week during the first term immediately preceding active clinical practice. The remainder may be presented on a weekly or bi-weekly program.

- 9 hours *Clinical Demonstrations:*

Six demonstrations of clinical practice procedures should be provided. Each 1½ hours.

- 20 hours *Pre-clinical Laboratory:*

Occlusal correction on models preceding clinical practice of the procedure. This exercise will be mentioned again under "Dental Occlusion and Its Effects". See below.

Clinical Practice:

First Term:

Treatment of documented cases where non surgical therapy can be expected to produce appreciable improvement. During this period it is highly desirable that the students work on a block of chairs with not more than six students per instructor.

Second Term:

Clinical management of patients including all phases except surgical procedures. Third year students shall assist fourth year students in performance of periodontal surgery.

Fourth Year

Lectures:

- 15 hours Review of previous teaching, presentation of special topics and advanced therapeutic procedures.

Clinical Practice:

The students shall be responsible for total care of the patients including all forms of periodontal therapy.

Hours of Clinical Practice Experience

It is estimated that about 10%-15% of the total hours available for clinical practice should be devoted to periodontics during the third and fourth years.

Dental Occlusion and its Effects

It is desirable that integrated courses for the teaching of this subject be established. It is recognized that part of the teaching concerning static relations of teeth will be supplied during the course in dental anatomy. All parts of the masticatory system will be described during the teaching of general anatomy. The growth and development to the teeth and jaws up to the establishment of static occlusal relations will be taught in orthodontics. Occlusion as it relates to artificial teeth will be taught in prosthodontics. It is expected that normal and abnormal physiology of the masticatory system will be taught by the Department of Periodontics. The following is recommended as a course by the Department of Periodontics.

First Year

A brief introduction during orientation to clinical practice sessions.

Second Year — Second Term

Lectures:

- 5 hours Normal physiology of dental occlusion. Suggest use of the test "The Physiology of Occlusion and Rehabilitation" Posselt.

Third Year — First Term

Lectures:

- 10 hours Abnormal physiology of occlusion, functional analysis and correction of occlusion.

Demonstration Clinic: 2 x 1½ hours

- 3 hours Functional analysis of occlusion.
Correction of occlusion.

Clinical Practice:

One to three cases.

Fourth Year

Clinical Practice:

One to three cases.

Total quantitative requirement in clinical practice concerning dental occlusion during third and fourth year — three cases of analysis and correction.

Continuing Education or Short Courses

It is desirable that such courses should be provided by the Department of Periodontics. Courses of three to five days duration seem to

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be the most effective. The most popular program includes lectures, clinical demonstrations and participation by the registrants in treatment procedures. These courses provide an excellent opportunity for the importation of authorities from other centres. The value of such exchanges extends to the staff and undergraduate students of the schools as well as to those registered for the course.

Postgraduate and Graduate Courses in Periodontics

The major objective of graduate training should be a development of teachers and research workers. The training of specialist practitioners is recognized as an important phase of a complete teaching program in periodontics.

Training Hygienists

The Department of Periodontics in each school should participate actively in teaching concerning periodontal disease at the levels of lectures, demonstration clinics and clinical practice. Since a large portion of the time in the training and practice of hygienists relates to periodontal disease the teaching should conform with the teaching in the Department of Periodontics of the school.

Respectfully submitted,
C. H. M. Williams, D.D.S.

Appendix F

CONFERENCE ON PROSTHODONTIC TEACHING

Toronto, March 16-17, 1965

Attending Members: Dr. K. M. Kerr, Dalhousie University, Halifax, N.S.
Dr. E. P. Downtown, University of Toronto, Toronto, Ont.
Dr. Allan Fee, University of Alberta, Edmonton, Alta.
Dr. H. W. Hart, University of Manitoba, Winnipeg, Man.
Dr. Oscar Sykora, McGill University, Montreal, Que.
Dr. Jean Nadeau, Université de Montréal, Montreal, Que.
Chairman.

Prosthodontic education objective

As its opening statement this conference confirms its belief that our dental students — our future dentists — must be educated to provide treatment which is based on evaluation of the total entity of the patient. To achieve this objective in the discipline of prosthodontics, prosthodontic teaching must adopt policies and attitudes which will produce in our graduates not only expertness and competence in the discipline but also the deepest sense of their responsibilities in an important health service. Necessarily such a concept implies correlation and use of foundation knowledge, namely the basic sciences, in the teaching of clinical sciences. Therefore it is the opinion of this conference that we have great need to establish better lines of communication between our basic science disciplines and our clinical teaching; possibly cooperative sym-

posia and joint seminars involving basic science teachers and clinical science teachers together with students would supply part of this need.

Program revision

Conference discussion concerning the program of prosthodontics became centered around several points as follows:

1. It is our opinion that 700 calendar hours is a minimum for effective prosthodontic teaching. This figure represents somewhat of an increase over the present average in Canadian Dental Faculties; but at the same time it is no more than 15% of the average total curriculum, comparing favourably with the proportion of the new curriculum at the University of Kentucky which is devoted to prosthodontics.
2. Cooperative symposia and joint seminars should share generously in the new time.
3. An increasing age factor in our population necessitates greater alertness and care for our geriatric patients. The aged have not been too well cared for prosthodontically; teaching needs upward revision in this field.
4. Further teaching time is also needed for more effective use of available prosthodontic instruments as examples the articulator and the surveyor; thus a more functional, efficient treatment can be supplied to our patients. To support this teaching concept the group concluded that a suitable articulator of the adjustable type, as well as a surveyor, must be part of the student's equipment, either through individual ownership or through school rental and or loan.

Programmed instruction

Educational research has produced many demonstrable circumstances and conditions which promote learning. We, as educators, should take advantage of all new teaching methods which will permit our students to learn more in many ways: Programmed Learning is one of them. Prosthodontic teaching can benefit by the use of such a method. Therefore we recommend initiation of experiments in programmed instruction.

Closed circuit TV

The Conference express mixed feelings about usefulness of closed circuit TV as a teaching aid. It was agreed however that properly staffed and programmed, presentation can be quite effective in pre-clinical teaching. Some method of providing Viewer-Instructor feedback is clearly desirable. A well organized television studio equipped with a video tape would benefit both teachers and students.

Subject of interest to prosthodontic teaching

Role and qualifications of auxiliary personnel were discussed at length. The division of responsibilities in teaching and practice of prosthodontic dentistry was reviewed. During the discussion, it became apparent that all members were looking with some apprehension at present trend in dentistry

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which tends to increase the responsibilities of auxiliaries in the treatment of patients.

Future meetings

The holding of this Conference gives evidence of the dental profession's concern with the problems of Dental Education. It is the wish and opinion of all attending members that such meetings be held annually; especially is this significant in the discipline of prosthodontics, which currently seems to be in such grievous trouble. The continued support and partial subsidization by the National association of continuing annual conference would make this aim possible; it is so recommended for consideration.

Respectfully submitted,
Dr. Jean Nadeau, chairman.

Appendix G

NATIONAL CANCER INSTITUTE OF CANADA

It is to the credit of the cytology committees of the various provincial dental organizations that the oral cytological smear service is being extended to a steadily increasing portion of the population of Canada.

The present status of the Oral Cytological Smear programs appears to be as follows:

Newfoundland

The Ontario Cancer Treatment and Research Foundation authorized a gift of one hundred kits from the supply in Ontario to initiate the service in Newfoundland. Reference to the gift follows in a letter quoted in part. "I have discussed the method of implementation of the Oral Cytological Examination Programme with the Executive of the Newfoundland Dental Society and the Government Pathologist, Dr. Josephson, and due to the small number of dentists in Newfoundland, we feel we would have very few problems in running it.

We are very grateful for the gift of 100 kits from Dr. Cannell and the Ontario Cancer Treatment and Research Foundation."

R. V. Winsor, D.D.S.

Prince Edward Island

There is apparently no change since the report for May 1965 at which time it was indicated that the provincial pathologist had agreed to screen smears but each dentist was responsible for obtaining kits for his own use.

Nova Scotia and New Brunswick

Use of smears, and teaching concerning the use of smears, is in action in the Halifax area with intention that the service shall be extended.

Quebec

The method is being taught in both of the schools of dentistry but it has not been possible yet to extend a service to all of the dentists of the province.

Ontario

A complete cytological smear service has been available, without charge, to all of the dentists in Ontario beginning in April 15, 1964. During the nineteen months of the operation of this program the percentage of the dentists using the service has increased steadily. The total number of smears submitted during 1965 was 1,427. During the last nine months of 1965 the number of smears submitted per month was about two and one-half times the number received during the same months of 1964.

Eight confirmed malignancies which were not stated to be suspected by the dentists and for which biopsy was not intended have been detected.

It is of interest that the number of biopsies received at the Department of Pathology, Faculty of Dentistry, University of Toronto has continued to increase significantly. The evidence indicates that use of the smear technique is a stimulant rather than a deterrent to the use of biopsies.

Manitoba

The report, in part, of the provincial committee follows:

"We, here in Manitoba, are about to start an Oral Cytology campaign at the beginning of January.

We received a letter from the Manitoba Cancer and Research Board that they will be pleased to back our program."

Sam Borden, D.D.S.

Saskatchewan

The report, in part, of the provincial committee follows:

"Our committee has decided to work gradually into the introduction of the program to the dentists of this province. We are first picking at random some 40 or so of the more recent graduates to whom we will send a kit and informative literature for giving them a start in the use of smears."

F. S. Green, D.D.S.

Alberta

The report, in part, of the provincial committee follows:

"The Alberta Dental Association has co-operated by providing \$300 to purchase supplies. At the University Dental Clinic we plan to institute a more elaborate program involving detailed case histories, biopsy, progress, etc.

Alberta Dental Association has also provided \$100 for biopsy kits and this will enable us to send the materials necessary for biopsy to any dentist who requests them."

K. A. McMurchy, D.D.S.

British Columbia

The report, in part, of the provincial committee follows:

- (1) We are at present conducting an in-training program.
- (2) We hope to start a trainee technician for this purpose in early January.
- (3) We hope to make the facility fully available for the Dentists of the Province of British Columbia somewhere late in 1966.

John Spouge, D.D.S.

Comments

It appears that a main obstacle to establishment of the oral cytological smear service in each province is the misconception, harboured by the path-

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ologist who would be responsible, that the method is to be applied by the dental profession on the mass survey basis. Those who undertake to promote the establishment of the service should stress that smears are made only for those patients in whose mouths visible abnormality of mucosa is seen by the dentist. The number of smears that would probably be submitted in any one province could be determined approximately by extrapolating from the figures reported in Ontario where 2,464 dentists submitted 1,427 smears during the second year of the service.

A continuing program of education to promote use of the smear technique is necessary. Schools of dentistry should provide leadership in promoting the educational program.

The value of the method has now been proven by experience. Beyond all doubt cancers have been detected which would not have been diagnosed by the dentist at the time, had the smear service not been available.

Respectfully submitted,

C. H. M. Williams, D.D.S.

MEMBERS: *J. P. McGuigan, Chairman, Halifax; H. N. Beach, Ottawa; R. J. McCarten, Winnipeg; E. F. Dexter, Halifax; L. I. Duffy, Charlottetown.*

REPORT

1. Your council has not received any requests this year for rulings on any issues of major significance. This might indicate one of two things; either the individual is becoming more ethical, which I question, or our code has covered all areas for the present in which questions of ethical behaviour might be concerned and the code is acceptable and easily interpreted.

2. The chairman of your council was asked to attend the Secretaries' Conference to discuss the advertising of denture clinics in British Columbia. With due consideration and discussion with other members, your council felt this question had been discussed quite fully at the convention in Quebec City last year, and from the discussion had almost universally agreed that under the circumstances and because this procedure was initiated and supported by the College of Dental Surgeons of British Columbia, the legal body of the province, that the question of unethical behaviour could not be supported.

3. Your council felt because of the reasoning given in the preceding paragraph that the time and expense for the chairman to attend such a conference could not be justified. In correspondence with Ross Upton the situation has not changed materially with the exception of the reduction in size of the clinics in Victoria and Vancouver and the closing out of the clinic at Chilliwack. However your council would like to see the method of advertising fees modified so that the fees charged would not appear in the advertisement and we would hope the College of Dental Surgeons in the Province of British Columbia would seriously consider this request.

4. It is with mixed emotions I relinquish this chairmanship to another member of this council, as this has been a most stimulating and rewarding experience. I am most grateful for the assistance of members both past and present of this council and all other members outside this council who have assisted me in any way during the past number of years. I only hope I have contributed in some small way to your deliberations over the past years.

COMMENT AND ACTION

The report on Ethics is largely informative. A word of appreciation and commendation is due to the chairman as he leaves the Council after several years of able and dedicated service.

Denture Clinics in British Columbia

In paragraph 3 the Council expresses the wish that the method of advertising fees be modified. The Board concurs and recommends further that fees not be mentioned at all in such advertising. This is a provincial matter but policies established in any area tend to spread and gain acceptance in other areas.

Moved by Langlois, Seconded by Bruce:

That the report of the Council on Ethics be adopted.

ADOPTED

MEMBERS: *P. S. Christie, Halifax; R. Langlois, Quebec; J. P. Coupland, Ottawa; W. P. Munsie, Vancouver; J. M. Chamard, Montreal; H. R. MacLean, Edmonton; W. G. Bruce, Kincardine.*

REPORT

1. During the past year the Executive Council has held three meetings: May 30-31, 1965, February 14-17, 1966 and June 5, 6 and 7, 1966.
2. A letter of resignation from the Executive Council, dated March 11, 1966, was received from Dr. John M. Chamard.

Annual Meetings

3. 1965

Congratulations were extended to the 1965 Convention Committee for a most successful meeting. The number of dentists attending was 708, 72% of whom were accompanied by their wives. The latter figure was a record high and no doubt has significance for succeeding conventions. The surplus of revenue over expenditure was such that the CDA has received \$1,467 as its 50% share.

4. 1966

(a) Dr. W. B. Coleman reported at the February meeting on the organization and preparations for the 1966 Convention. His report was accepted with appreciation. It is to be noted that the Convention Committee, in accordance with CDA policy, have achieved a commendable degree of program integration with the Sections.

(b) The CDA presentation will be a round table discussion or symposium entitled: "The Essential Role of Prevention in Dental Health". The panelists will be:

R. A. Clappison, D.D.S., F.A.C.D., Chairman C.D.A. Dental Services Committee — general practitioner in Toronto

J. Kreutzer, D.D.S., B.Sc.D., F.A.C.D., Professor of Preventive Dentistry and Head of Department, Faculty of Dentistry, University of Toronto

H. A. Grimsrud, D.D.S., D.D.P.H., Director of Dental Health Division, Department of Public Health, Province of Saskatchewan

D. H. Protheroe, Lieutenant Colonel, D.D.S., M.P.H., R.C.D.C. School, Camp Borden, Ontario

The panel will be moderated by P. S. Christie, D.D.S., F.I.C.D.

The Procter and Gamble Company have co-operated in setting it up and are helping to underwrite the expenses involved.

(c) The agenda for the 1966 Board of Governors meeting was approved and the chairmen of the reference committees were chosen.

(d) The agenda for the annual Association luncheon meeting was approved.

(e) Dr. P. G. Anderson was appointed as installing officer.

(f) Dr. Heath McIntyre of Charlottetown and Dr. A. J. Cormier of Moncton were nominated for Honorary Membership in the Canadian Dental Association for 1966.

(g) Direction was given that invitations be extended to the American Dental Association and the British Dental Association to send a representative to the CDA Annual Meeting, 1966.

5. 1967

The report of the 1967 Convention Chairman, Dean R. G. Ellis, was accepted and the CDA representative on the 1967 Convention Committee was directed to report suggestions for the 1967 CDA presentation to the next Executive Council meeting. The dates of next year's convention in Toronto are May 14-17.

6. 1968

Dr. J. G. Ryan of Vancouver was confirmed as chairman of the 1968 Convention Committee and the revised dates May 27 - June 1, 1968 were confirmed.

7. 1969

The dates for the 1969 Convention in Montreal were confirmed as June 2-7.

8. 1970

The dates of the 1970 Convention were confirmed as June 1-6 and the host organization was confirmed as the Western Canada Dental Society in co-operation with the Manitoba Dental Association.

9. 1971

The following motion was adopted:

That Ontario be the location of the 1971 Annual Meeting, and
That the Ontario Corporate Member be informed of this decision, and
That the Ontario Corporate Member be requested to inform its voluntary organizations that the CDA Executive Council would be pleased to consider an invitation under conditions contained in the CDA's policy in this respect.

10. *Conventions Subcommittee*

The report of the conventions subcommittee (Appendix A) was adopted, and this included approval of:

- (a) Policy re Sharing Expenses With Sections
- (b) The Policy Statement on Acceptance of Grants (Appendix A1)
- (c) The Guide to Operation of Annual Board Meetings (Appendix A3)
- (d) The General Requirements for CDA Annual Meetings (Appendix A2)
- (e) The following motion:
That a conference on CDA-Section relations be convened by the CDA special committee on convention affairs at the earliest convenient date, and,
That the following be invited
— a representative or representatives from each CDA section

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- the Chairman of the 1967 Convention Committee
 - a representative of the Royal College of Dentists of Canada, and
- That participation of the sections in annual meetings and conventions be placed on the agenda, and
- That expenses, if any, of the section representatives and the College be defrayed by the respective sections.

(f) It is to be noted that Appendix A, page 2, paragraph 5 goes some distance in complying with the feeling of the Board regarding the need for a standing committee on CDA Conventions (Transactions 1965, page 148, paragraph 7).

11. *Duties of Governors*

The Council adopted a list of duties of Governors (Appendix B) and directed that the Governors be called to meet with the Executive prior to the first session of the Board of Governors' meeting.

12. *Election of Officers and Executive of CDA*

The Council adopted a motion appointing a subcommittee, J. P. Coupland and R. Langlois (chairman) to review the present method of electing the officers and Executive members of CDA. The action arose from a section of the President's Report to the Executive which is attached (Appendix C) as explanatory.

Royal Commission on Health Services

13. By direction of the Executive Council, May 31, 1965, the CDA Statement on the Report of the Hall Commission was formally presented to the Minister of National Health and Welfare on June 23rd, 1965. Those present were the president, president-elect, immediate past-president, secretary and the chief, dental health division, Department of National Health and Welfare.

14. The CDA Statement has been published in CDA Transactions 1965 and is available separately upon application to headquarters.

15. *Expo '67*

The Executive confirmed the President's appointment of the Expo '67 Advisory Committee, consisting of R. F. Harvey, chairman, A. Demirjian, L. E. Francis, M. Archambault, C. A. E. McCabe, and K. L. Croft as Executive liaison member.

16. *Health Services Conference*

At a Health Services Conference held at Ottawa November 28 - December 1, the Association was represented by Dr. J. P. Coupland. The conference was sponsored by twenty-one national organizations representing some 13,000,000 people. Dr. Coupland's report is appended as Appendix D.

CDA Insurance Plans (see also 36-41)

17. On May 30, 1965, the Executive appointed a subcommittee, J. P. Coupland and P. S. Christie, to try, in view of contractual commitments, to overcome problems raised by a request by the Royal College of Dental Surgeons of Ontario that administration of health insurance programs for Ontario

dentists, viz., P.S.I., Blue Cross and O.H.S.C., be turned over by Professional and Industrial Pensions Ltd. to Canadian Dental Service Plans Inc.

18. Negotiations to this end were pursued for some months, the net results being three:

- (a) Dr. Hugill, chairman of the R.C.D.S. Insurance Advisers, has become a member of the CDA Advisory Committee on Commercial Insurance.
- (b) The two committees held a joint meeting on March 29th, 1966, and plan to continue this practice.
- (c) At Dr. Hugill's suggestion a formula, carrying the approval of the Executive Council and the CDA Insurance Advisers, has been advanced for consideration by the Board of the R.C.D.S.

19. The resignations of Dr. Way and Dr. McKechnie from the CDA Advisory Committee were accepted with regret and these men were replaced by Dr. R. A. Hugill, of Toronto and Dr. R. L. Rasmussen, of Calgary. The President assumed chairmanship of the committee.

20. The CDA Advisory Committee met on March 28th, 1966 and studied and passed recommendations to the Executive Council on several insurance proposals and related matters.

F.D.I.

21. The report of the 1965 F.D.I. delegates was received by the Council and is appended. (Appendix E)

22. The delegates to the 1966 meeting in Tel Aviv will be Dr. W. G. McIntosh, Dr. J. Zimmerman of Calgary and Dr. H. Caplan of Montreal.

23. Royal College of Dentists

The Provisional Council of the College met at CDA headquarters in September and elected the first Council of the College. Dr. F. A. Smith of Vancouver is President of the College. Dr. J. E. Speck of Toronto is secretary. The first convocation was scheduled for May 14 at the University of Toronto. Having been launched under the sponsorship of the CDA, the College is now functioning as an independent body authorized by an Act of Parliament.

24. Specialists and Specialization

The Council requested the Specialists and Specialization Committee to review the requirements of the CDA for specialty recognition.

Section Recognition

25. It is recommended to the Board of Governors that the Canadian Academy of Restorative Dentistry, having amended their by-laws in accordance with the recommendations of the Council on Constitution and By-laws and having complied with all the requirements of Article XI of the Association By-laws regarding Sections, be recognized as a section of the Canadian Dental Association. (Appendix F)

26. It is recommended to the Board of Governors that the Canadian Academy of Endodontics, having amended their by-laws in accordance with the recommendations of the Council on Constitution and By-laws and having complied

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with all the requirements of Article XI of the Association By-laws regarding Sections, be recognized as a section of the Canadian Dental Association (Appendix G). (*See also the Specialists and Specialization Committee report.*)

27. *Research Dollar*

A subcommittee appointed in February 1965 to study the question of the amount of money which should be allocated to research and the proportion which should go to Council on Research projects and to the Canadian Fund for Dental Education, reported as in Appendix H. The Executive Council instructed that the report be used as guidelines in drafting CDA budgets.

28. *Expense Policy*

A statement of the expense reimbursement policy of the Association was adopted and appears as Appendix I.

29. *Canadian Conference on Aging*

The first Canadian Conference on Aging was held January 24-28, 1966. Dr. C. E. Purdy represented the Association. Dr. Purdy's report indicates that the conference was exploratory rather than executive.

30. *New Building - ADA*

A contribution in the amount of \$300 (U.S.) was made to the American Dental Association Fine Arts Fund which will be applied to the new headquarters building and was accompanied by a letter conveying the congratulations and grateful good wishes of the CDA.

31. *Health League of Canada*

Dr. K. J. Paynter's resignation as CDA representative to the Health League of Canada was accepted with regret and Dr. D. L. Rife agreed to represent the Association in this capacity.

32. *Illegal Practice*

Council requested that the Secretary collect and collate information as to the steps taken by the corporate members to combat illegal practice and to oppose legislation legitimizing illegal practice. A central file and catalogue on this subject may be of value to the corporate members in organizing and planning their activities in this area.

33. *Postgraduate Courses — Income Tax Relief*

On January 25, 1966, in line with recommendations made by the Board of Governors (1965 Transactions, p. 147, number 11), personal and written representation was made to the Minister of Finance, the Honourable Mitchell Sharp, to seek deductions for income tax purposes, for tuition fees for short postgraduate courses taken at educational institutions in the United States as well as in Canada, and for travelling and living expenses while attending such courses. Mr. Sharp's resolutions introduced during presentation of the budget, March 29, 1966, contained no reference to changes in sections of the Income Tax Act dealing with this topic. For the time being, our efforts appear to have gone unheeded.

34. *Aptitude Test*

In accordance with the resolution directing the Council on Education to institute an aptitude testing program (Transactions, 1965, page 65, number 16) the Executive Council agreed that \$9,500 be appropriated in 1966 for this purpose, the sum to be repayable from the annual income of the program.

35. *Bureau of Economic Research*

The causes for the delay in publication of the 1963 Survey of Dental Practice were explained in the Director's 1965 report. In accordance with the request of the Board that priority be given to its publication, the twelve sections of the survey report are now in the hands of the profession. This intricate study so thoroughly analytic of the economics of dental practice will provide background and support for decisions taken by both organizations and individuals.

The following items arise from a meeting of the Council at Halifax June 5-7, 1966.

CDA Insurance Plans

36. The Council's advisory committee on commercial insurance plans met at headquarters March 28, 1966. The reports of the administrator for 1965 (referred from the Board of Governors in May 1965) and 1966 were accepted and the administrator commended for the "high interest he has taken in the welfare of the dental profession in regard to insurance programs".

37. Certain new insurance programs were considered by the committee and recommendations made to the Executive Council. Council approved continuation of a group travel insurance plan for members travelling on association business.

38. The advisory committee suggested the advisability of initiating a national legal protective association, with the ultimate aim of obtaining the benefit of a national malpractice insurance plan, possibly similar to the Canadian Medical Protective Association. Council adopted a motion

That the corporate members be requested to comment on the desirability and feasibility of establishing a nation-wide dental legal protective association.

39. Establishment of the advisory committee created an overlapping of the functions of the trustees and the committee in regard to insurance plans sponsored by CDA. In order to consolidate these functions the Executive Council approved the following resolution:

That the duties and responsibilities of the trustees as laid down in the declaration of trust between the Canadian Dental Association and Professional and Industrial Pensions Limited dated February 14, 1952, be now assumed by the CDA special advisory committee on commercial insurance, and further

That, in order to fulfill these duties and responsibilities, two members of the advisory committee be appointed by the Executive Council to act as liaison between Professional and Industrial Pensions Limited and the advisory committee, and further

That the advisory committee, through these liaison members, and with

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the advice of consultants when indicated, take whatever steps are necessary to assure participating members of the association that their interests are being properly and efficiently served, and further

That the annual report of the advisory committee to the Executive Council include information on the above-mentioned matters.

40. On behalf of the whole association the Executive Council acknowledges with thanks and appreciation its indebtedness to Dr. R. P. Lowery and Dr. P. G. Anderson who have devoted many years of faithful and valued service as trustees since the inception of CDA-sponsored insurance plans.

41. A joint meeting of insurance advisers of the CDA and of the Royal College of Dental Surgeons of Ontario and Ontario Dental Association was held March 29, 1966 at headquarters. The meeting was intended to be informative for each group about the other's insurance administrative structure. No attempt was made to resolve the differences existing between CDA and RCDS/ODA on insurance matters. At the conclusion of the meeting some words of cautious optimism were expressed and some general plans were made for the agenda of the next joint meeting proposed for next fall.

42. *CDA - ADA Executive Conference*

The third conference of CDA Executive Council and the American Dental Association Board of Trustees was held in Toronto May 12-13, 1966. As on previous occasions, matters of common interest were discussed. Although no attempt was made to come to firm conclusions, delegates of both associations agreed that this type of conference provides a useful means of exchanging information of benefit to both associations.

43. *Reserve Fund*

Further to instructions of the Board in 1964, professional advice was sought regarding investment of reserve funds. As a result of this advice and of consideration by the Council, the following motion was adopted:

That the CDA investment policy for its reserve fund permit the purchase of securities approved by the Trustees Act (Ontario) and that it also permit investment of up to 25 per cent of the total reserve fund in a recognized mutual or equity fund.

44. *CDA Journal*

As reported by the Council on Journalism last year (Transactions 1965, page 130, para 5) the arrangement with the French Associate Editor was to be reviewed this spring after a year's trial. During the year, Dr. Pelletier found it necessary to enlist the services of a professional translator at a cost beyond the approved budget. The College of Dental Surgeons of the Province of Quebec, realizing the budget restrictions of the CDA, assumed this extra cost until July 1, 1966. At its meeting earlier this week, the Executive Council reviewed the situation. In view of the fact that complete and definite recommendations were not available from Dr. Pelletier or the College, Council agreed to continue the present arrangement for another year and to assume the additional cost of translation. It is anticipated that Dr. Pelletier will provide specific recommendations in the near future.

45. *Foreign Dentists*

Many enquiries are received each year from students and graduates of foreign dental schools which are not approved by the CDA, regarding their eligibility for further study or for practice in Canada. Previous attempts to assess such enquiries on the basis of the schools from which the applicants come have obvious limitations.

46. *Ontario Corporate Membership*

The following resolution adopted by the Executive provides the essential details of, and supports the proposal, to transfer corporate membership in the CDA from the Royal College of Dental Surgeons of Ontario to the Ontario Dental Association:

Whereas for just under one hundred years two statutory dental corporations have existed in Ontario — The Ontario Dental Association and The Royal College of Dental Surgeons of Ontario, and

Whereas a new Constitution of the O.D.A. was adopted in May 1966, designed to increase participation and interest in all dental affairs including the Canadian Dental Association, and

Whereas the R.C.D.S. has supported the new O.D.A. Constitution and the transfer of corporate membership to the O.D.A., and

Whereas under the new O.D.A. Constitution the R.C.D.S. will maintain representation on the C.D.A. Board of Governors, one representative instead of the present four — the O.D.A. at the present time appoints one of five — and

Whereas to ensure total participation and financial security, all Ontario dentists will become members of the O.D.A. in January 1967 through an arrangement made possible by the R.C.D.S., and

Whereas by resolution the O.D.A. has given assurance of continuing support to the C.D.A., therefore be it

Resolved that the joint request to transfer Ontario's corporate membership from the R.C.D.S. to the O.D.A. be approved, the transfer to be effective May 1, 1967.

COMMENT AND ACTION

The report of the Executive Council shows that much has been accomplished during the past year. Their efforts on behalf of organized dentistry reveal that we have an extremely able and capable group working for us. We would like to express our thanks to the members of this council for the continuing efforts in the performance of their duties.

Annual Meetings — 1966

Regarding paragraph 4 (e):

Resolved that the action of the Executive Council in respect of the appointment of Dr. P. G. Anderson as Installing Officer for the 1966 Annual Meeting be confirmed.

ADOPTED

EXECUTIVE

Regarding paragraph 4 (f):

Resolved that the CDA Board of Governors takes great pleasure in confirming the recommendation of the Executive Council and hereby elects to Honorary Membership Dr. Heath McIntyre and Dr. A. J. Cormier.

ADOPTED

Conventions Subcommittee (paragraph 10)

- (a) Policy of sharing expenses with sections: paragraph 2 of Appendix A is not approved, but is referred to the proposed conference on CDA - Section relations for further study.
- (b) The policy statement on Acceptance of Grants (Appendix A) is approved.
- (c) The Guide to Operation of Annual Board Meetings (Appendix A3) is approved in principle.
- (d) The General Requirements for CDA Annual Meetings (Appendix A2) is approved.
- (e) This motion regarding the conference is not approved, but is referred to the Executive Council for further study.
- (f) Paragraph 5 of Appendix A is not approved, but is referred to the Executive Council for further study.

Section Recognition

Regarding paragraph 25, the following resolution is made:

Resolved that the Canadian Academy of Restorative Dentistry be recognized as a section of the Canadian Dental Association.

ADOPTED

Regarding paragraph 26, a resolution:

Resolved that the Canadian Academy of Endodontics be recognized as a section of the Canadian Dental Association.

ADOPTED

Research Dollar

Regarding paragraph 27, it should be noted that the activities of the Canadian Fund for Dental Education embrace more than just teacher-training fellowships.

Postgraduate Courses — Income Tax Relief

With regard to paragraph 33, it is recommended that negotiations be continued at appropriate times.

Bureau of Economic Research

Regarding paragraph 35, those members of the association who participated in the 1963 Survey of Dental Practice are to be commended, as are those who worked so diligently to produce the reports of the survey.

CDA Insurance Plans

The following resolution is presented:

Whereas the reports of the administration of CDA insurance plans fall within the purview of the administrative or executive functions of the Association, and

Whereas the Executive Council has appointed an advisory committee on commercial insurance, therefore be it

Resolved that the annual reports of the administration of CDA insurance plans be directed to the advisory committee on commercial insurance, and further

That the Executive Council report to the Board on factual material in the said reports as it deems appropriate.

ADOPTED

Further to paragraph 38:

Resolved that Corporate Members be requested to comment on the desirability and feasibility of establishing a nation-wide dental legal protective association.

ADOPTED

Regarding paragraph 39, the resolution is approved and the following additional resolution is presented:

Whereas there continue to be differences of opinion in respect of appropriate principles which should guide the Association in its relationship to commercial insurance plans, therefore be it

Resolved that the Advisory Committee on Commercial Insurance Plans be requested to prepare a policy statement enunciating principles upon which the Association's participation in insurance plans for its members is or should be based, and

That, without in any way limiting the deliberations of the committee, the committee be requested to include, within the statement to be prepared, guide lines vis à vis (a) group plans and individual plans and (b) C.D.A. relationship to insurance carriers, brokers of record, and collectors of premiums.

ADOPTED

Reserve Fund

The motion in paragraph 43 is approved. It would be helpful to the membership to have the Executive Council develop a statement of the principles governing reserve funds.

Foreign Dentists

Regarding paragraph 45, the following resolution:

Whereas it is impractical for the Canadian Dental Association to attempt approval of dental schools on a world--wide basis, and

Whereas graduates of dental schools not approved by the CDA Council on Education, to an increasing extent seek opportunities to further their training in Canada, and

Whereas it is contrary to the traditional principles of the dental profession to deny access to such opportunities, therefore be it

Resolved that the Council on Education be requested to study the feasibility of establishing a facility of reexamining the *graduates* of unapproved foreign dental schools rather than the *institutions* themselves

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for the purpose of ascertaining the academic level to which an applicant to a Canadian dental school might aspire.

ADOPTED

Ontario Corporate Membership

With regard to paragraph 46, the following alternate resolution is presented:

Whereas a new constitution of the Ontario Dental Association was adopted in May 1966 designed to increase participation and interest in all dental affairs including the Canadian Dental Association, and

Whereas the Royal College of Dental Surgeons of Ontario has supported the new constitution of the Ontario Dental Association and the transfer of corporate membership in the Canadian Dental Association to the Ontario Dental Association, and

Whereas all Ontario dentists will become members of the Ontario Dental Association in January 1967 through an arrangement made possible by the Royal College of Dental Surgeons of Ontario, and

Whereas by resolution the Ontario Dental Association has given assurance of continuing financial support to the Canadian Dental Association, therefore be it

Resolved that the joint request to transfer Ontario's corporate membership in the Canadian Dental Association from the Royal College of Dental Surgeons of Ontario to the Ontario Dental Association be and is hereby approved, this transfer to become effective May 1, 1967.

ADOPTED

It is suggested that the Council on Constitution and By-laws study Article II, section 1, of CDA by-laws dealing with corporate membership, particularly the interpretation of "provincial statutory corporations".

Moved by Purves, Seconded by Munsie:

That the report of the Executive Council be adopted as amended.

ADOPTED

Appendix A

CONVENTIONS SUBCOMMITTEE REPORT

1. The following resolution from the Canadian Society of Orthodontists has been forwarded to the attention of the CDA Executive Council:

Whereas all members of the Canadian Society of Orthodontists attending a Canadian Dental Convention are required to pay the standard convention fee and

Whereas a specific amount of the convention fee is set aside for general essayists and lecturers and

Whereas the members of the Canadian Society of Orthodontists do not attend the general sessions of the convention and

Whereas the Canadian Society of Orthodontists sponsor an Orthodontic program which attracts a great number of Orthodontists and

Whereas it is reasonable to state that the Orthodontists would not attend the convention unless an Orthodontic program was held and

Whereas the burden of putting an Orthodontic program on has become increasingly expensive, be it

Resolved that the Board of Governors give recognition to the numbers of Orthodontists who register at the convention by granting the Canadian Society of Orthodontists some financial assistance in putting on the annual Scientific Sessions of the Orthodontic program.

2. The committee has drafted the following suggested policy:

It is the policy of the CDA to give assistance to its Sections whenever possible. Sharing the cost of procuring high quality essayists for the annual scientific meeting of the section will receive financial support from the CDA if the following conditions are met.

- (a) The Section Meeting must be held in conjunction with the CDA convention.
- (b) The selection of the essayist is approved by the CDA Convention Chairman.
- (c) The essayist is utilized in the CDA Convention program.

Financial arrangements

While the arrangements for any meeting can be negotiated between the section concerned and the Convention Committee the following formula might be used as a basis:

The CDA financial assistance shall be equated to the number of days on which the essayist is utilized.

e.g. If section uses essayist 1 day and the convention committee uses essayist for 1 session the expense (honorarium and expense reimbursement) is to be shared equally.

If section uses essayist 2 days and the convention committee uses essayist for 1 day the convention committee would assume $\frac{1}{4}$ of cost.

If section uses essayist 1 day and the convention uses essayist 2 days the convention committee would assume $\frac{3}{4}$ of cost.

Supplementary Comments

It is possible for an essayist to be sponsored by more than one section.

The council reiterates its policy that, in so far as possible, all meetings of the sections, except business sessions, be open to all registrants at the CDA convention.

3. This committee was requested to draft a policy for acceptance of financing from outside sources. The appended suggested policy statement combines principles for acceptance of funds by the association in general and by convention committees.
4. For your information is appended a suggested "Guide to Operation of Board Meetings" which is intended to replace "Instructions" to Board members and reference committees, read aloud at each opening session. This document incorporates the changes approved last year.

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5. Last year it was agreed that the Deputy Secretary should be responsible for co-ordinating all aspects of the association's annual meetings. The list of his duties appears in Transactions 1965, page 75. It should be pointed out that the wording in connection with exhibits and printed program is "to be responsible for", as distinct from "to do" certain things. There has been some confusion about the implementation of these two "responsibilities". For the 1966 convention, Gordon V. Allen, advertising manager of the CDA Journal, has been retained on a commission basis to direct in co-operation with members of the committee, the commercial exhibit operation and production of the printed program. The report of the 1966 convention chairman comments upon his satisfaction with this arrangement.

There are two chief reasons for this arrangement. One is that Mr. Allen is well known and respected by the dental supply industry and other potential exhibitors. The other is that other responsibilities of the Deputy Secretary prevent his giving the necessary detailed attention to these tasks. It is recommended that the duties in connection with convention exhibits and printed program be assigned to Mr. G. V. Allen, in co-operation with the Deputy Secretary, and that Mr. Allen's compensation be on the basis of 15% of exhibit and printed program revenue, to be paid by the convention committee budget. Mr. Allen is to be responsible for his expenses in connection with the performance of his duties.

Appendix A1

ACCEPTANCE OF GRANTS

Some organizations outside the Canadian Dental Association have legitimate interests in supporting the objects of the Association. Offers of financial support from such outside sources are welcome. The Association will accept grants on the following conditions:

1. Authority to solicit or to accept grants from outside sources rests with the Executive Council.
2. The project or program for which financial assistance is accepted must further the objects of the Association, must conform with standards of professional ethics, conduct, dignity and independence, and must be under the control of the Association.
3. All publicity regarding the grant or the project must be approved by the Association and must not be linked with a specific product.
4. Additional conditions apply to acceptance of grants to convention committees, as follows:
 - (a) Grants from commercial sources may be employed in support of the scientific sessions, exhibits, and the printed program.
 - (b) A donor-company must be a regular advertiser in the *Journal of the Canadian Dental Association* and/or an exhibitor at the current convention and/or an advertiser in the printed program of the current convention.

- (c) Control over expenditure of funds granted is the responsibility of the convention committee, which will, if requested in advance, provide to the donor an accounting of the expenditure.
- (d) Grants must be for specified sums and be listed in the convention committee's final financial report.
- (e) Grants of money or material may be publicized only by authority of the convention committee, provided that the amount of the grant is not publicized and that the donor is identified by name only and not by a product name.
- (f) Control over the use and distribution of contributed gifts, favours, special exhibits, etc. rests with the convention committee, but distribution of product samples at time of registration is to be discouraged.

ADOPTED

Appendix A2

GENERAL REQUIREMENTS FOR CDA ANNUAL MEETINGS

Requests to host CDA annual meetings shall be made in writing to the Secretary for referral to the Executive Council. Requests presented to the Executive Council should be accompanied by as much detailed information as possible; for example, name of host organization, description of physical facilities at convention site, proposed dates, willingness of the host organization to comply with these requirements for CDA Annual Meetings.

Appointment of the general chairman of the convention committee shall be the responsibility of the host organization subject to confirmation by the CDA Executive Council.

Financial responsibility shall be shared equally by the CDA and the host organization. The CDA and the host organization each will make a refundable grant of \$1,000 to be deposited, at the request of the Convention Chairman, into a bank account opened for the committee and completely separate from other finances of the two organizations. (Suggested name of account: CDA Convention 19—). After the meeting and before the end of the current calendar year, a financial statement audited by a chartered accountant shall be submitted to the CDA and the host organization.

The CDA and the convention committee shall each appoint one person to be responsible for arrangements concerning the Board of Governors' meeting. Generally speaking, expenses connected with the Board meeting are the responsibility of CDA.

The convention committee shall be responsible to and act under the authority of the CDA Executive Council. The CDA and the host organization will each appoint one person as consultant to the general chairman of the convention committee in order that the chairman may, at his discretion, receive direction at times when meetings of the executive bodies are not feasible. The general chairman shall be completely responsible to select members of the convention committee.

Dates of CDA annual meetings shall be within the period of May 15 - July 1. The annual meeting consists of two parts. The Board of Governors'

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meeting is held Monday, Tuesday, Wednesday, followed by the convention on Thursday, Friday, Saturday.

A minimum of two hours of prime time on the convention program is to be reserved for a presentation arranged by CDA Executive Council. The Executive Council is responsible for the topic and speakers.

ADOPTED

Appendix A3

GUIDE TO OPERATION OF ANNUAL BOARD MEETING

These instructions are changed considerably from the past, in keeping with changes in the format of annual meetings approved last year. Your comments after this meeting will be useful as a guide to further improvements.

The reports have been published and distributed in advance to most of the people attending this meeting. Additional copies are available here. It is assumed that you will have read the reports prior to discussion of them in open sessions of the Board. Only the report of the President and the reports of reference committees are to be read aloud to the Board.

Reports of reference committees are not to include comments on each paragraph of any report under study. Should the original report be entirely informative, with no resolutions contained in it and requiring no resolutions from the reference committee, then the reference committee report would contain only a general comment if desired and a motion to adopt the original report. This motion to adopt the original report must carry the names of mover and seconder who are Board members.

All resolutions in original reports must receive comment in the reference committee report.

The reference committee may recommend substituting or deleting resolutions in the original report, and may add new resolutions in its report but should not amend resolutions in the original report. The "whereas" clauses of the resolution contain the supporting reasons for the resolving clauses which specify the action being taken.

The reference committee report may include recommendations for courses of action which it deems desirable. For statements of policy or specific instructions to carry out actions, resolutions should be used.

The chairman of the reference committee for a particular report is expected to provide guidance for the discussion in committee, to prepare the "comment and action" report, to read his report aloud and to provide leadership in discussing it at an open session of the Board.

The chairman whose name is underlined in each reference committee is responsible for his meeting room and for the work of the whole group.

Reference committee reports should be brought as promptly as possible to Ken Croft at the office. He is available for additional advice on the "new style" of reference committee reports. All reports should be submitted by 5 p.m. Friday.

DUTIES AND RESPONSIBILITIES OF GOVERNORS OF C.D.A.

It is apparent that some, at least, of the differences which exist between C.D.A. and the provincial and local dental organizations are due to misunderstanding which is, in turn, due to a lack of accurate information.

It is imperative that the Governor should be effective as (a) a Board member (b) a link between the Board and the Corporate Member and (c) an avenue of communication to the general membership for C.D.A. policies and attitudes.

To attain these objectives the Governor must be well informed of C.D.A. affairs.

With these ends in view the following duties and responsibilities for Governors of C.D.A. have been drawn up.

1. To acquaint himself in depth with the policies and attitudes of C.D.A. and the activities of all councils and committees.
2. To seek information, enlightenment and, if desired, advice from Association officers on points of policy or attitude which are not clear to the Governor.
3. To seek opportunities to inform the dentists in his province of C.D.A. policies and attitudes.
 - (a) to seek attendance at business meetings of local dental societies and be responsible for answering questions on C.D.A. affairs
 - (b) to accept any proffered opportunity to speak to gatherings of dentists upon C.D.A. affairs
 - (c) to seek from presidents and chairmen of provincial and local dental societies opportunities to explain and promote C.D.A. policies and attitudes on their programs.
4. To contact final year undergraduate students, in provinces and communities where dental schools exist, and inform them of C.D.A. objectives and procedures.
5. To seek out and make the most of opportunities to inform other professional organizations, lay groups and politicians of objectives of organized dentistry.
6. To contribute a page or column of news on C.D.A. affairs periodically to the editor of a provincial or local dental publication.
7. To promote a national viewpoint over local or provincial attitudes.

The following is a list of C.D.A. publications from which the policies and attitudes of C.D.A. may be obtained:

The Transactions of the C.D.A.

The Journal of the C.D.A.

Governors' Letter

The Bulletin

The various pamphlets upon specific areas

ADOPTED

SELECTION OF PRESIDENTS

In view of the increasing of CDA conventions with the resulting decrease in the number of places a convention can be held and in view of the proposal being considered of rotating convention locations with some relationship to dentist population, it may be desirable to begin to consider, at least informally, the manner of selection of a president. CDA has not adopted a policy of attaching the presidency to the provincial location of the convention but this has been largely the practice — there have been exceptions but very few. Nominating Committees in choosing a man for nomination for election to the Executive Council invariably look ahead a few years and correlate their nomination with confirmed convention locations. In effect, the election of a man to the Executive Council has been the election of a president some years in advance. Indeed, the nominee is warned of this fact and his willingness to serve is ascertained.

It has been suggested to me that this practice is deleterious to the objectivity of the executive member. This is a doubtful proposition and I do not subscribe to it but the manner in which we do select a president may result in some superior men being overlooked and in our restricting ourselves by geographical means in the selection of a president.

On the other hand, with rare exceptions, effective presidents cannot be picked out of thin air at short notice. Service on the Executive Council is essential training for most candidates. It is quite possible that our present method, in spite of some shortcomings, may be the best practical one in our particular circumstances.

I suggest that the Council give some exploratory consideration to this matter.

REPORT ON THE CONFERENCE ON HEALTH SERVICES

Ottawa — November 28 to December 1, 1965

1. The C.D.A. received an invitation to send a representative to participate in the Conference. At the President's request, J. P. Coupland attended to represent the Association.
2. The Conference was initially proposed by the following organizations:
 - The Canadian Labour Congress.
 - The Canadian Welfare Council.
 - The Canadian Catholic Conference.
 - The Canadian Citizenship Council.
 - The Canadian Federation of Agriculture.

Later, the following organizations became co-sponsors:

- Anglican Church of Canada (Council for Social Service)
- Baptist Federation of Canada
- Canadian Chamber of Commerce
- Canadian Jewish Congress
- Canadian Lutheran Council (Division of Welfare)

Canadian Union of Students
 Churches of Christ (Disciples)
 Confederation des Syndicats Nationaux
 Conseil Canadien de la Cooperation
 Co-operative Union of Canada
 Federated Women's Institutes of Canada
 National Council of Women of Canada
 National Farmers' Union
 Presbyterian Church in Canada (Board of Evangelism and Social Action)
 Salvation Army in Canada
 United Church of Canada (Board of Evangelism and Social Service)

3. The aims of the Conference were stated to be:
 - (a) a focal point through which the attention of the Canadian people can be directed to the Health Charter for Canadians;
 - (b) a national forum for the discussion of the recommendations of the Hall Report and their implications for all Canadians, in order to develop wider public understanding of them; and as
 - (c) the initiator of an education-information program that would be carried on by organizations represented at the Conference, in accordance with their own policies and decisions.
4. 226 registered for the Conference. A breakdown into vocational groups was: Labour 30; Clergy 36; Healing Professions 39; Aging 13; Industry and Commerce 25; Health and Welfare 42; Co-operatives 10; Government 13; Others 18.
5. The Conference opened Sunday evening with a keynote address by Mr. Justice Emmett M. Hall. "Implications of a Health Charter for Canadians".
6. The Monday and Tuesday morning and afternoon sessions were devoted to the presentation of prepared papers with approximately one hour of each session for discussion in assigned groups of eight with an appointed Chairman.
 The morning session on Wednesday was devoted to discussion in groups of approximately twenty participants. A plenary session on Wednesday afternoon concluded the Conference.
7. The agenda of the Conference is attached as Appendix D1, to this report. A list of the Registrants and copies of the prepared papers, including Mr. Justice Hall's opening address, are on file at C.D.A. Headquarters.
8. All sessions started on time and exceptional attention and discipline were maintained throughout the Conference. A genuine desire for the acquisition of information and a willingness to entertain the viewpoints of others were conspicuous features of the discussion periods.
9. Among those attending this Conference, there seemed to be general agreement that a useful purpose had been served in encouraging a wider public knowledge and understanding of the Report and Recommendations of the Royal Commission on Health Services.

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10. At the final session, a resolution was adopted inviting the sponsoring organizations to endeavour to continue the work of the Conference at the provincial and regional as well as the national level.

Appendix D1

CONFERENCE ON HEALTH SERVICES IN CANADA

Chateau Laurier, Ottawa

SUMMARY OF PROGRAM

Sunday, November 28

2.00 p.m.-9.00 p.m.

Registration — Peacock Alley

8.00 p.m.

Introductory Statement—The Conference Chairman,
M. Claude Ryan, Directeur, *Le Devoir*

Implications of a Health Charter for Canadians

The Honourable Mr. Justice Emmett M. Hall

Monday, November 29

Morning

Public Medical Care Plans in Canada—The Current Situation

Miss S. M. Gelber, Administrative Officer, Health Insurance, Department of National Health and Welfare.

Major Issues for Decision and Action

John E. F. Hastings, M.D., Associate Professor of Public Health and Preventive Medicine, School of Hygiene, University of Toronto.

Discussion period

Miss Gelber

Dr. Hastings

Panel: Dr. J. Graham Clarkson, Deputy Minister, Department of Public Health, Saskatchewan. (Representatives of Alberta and British Columbia have been invited)

Afternoon

Health Services in Canada: Viewpoints

Dr. Victor C. Goldbloom, Chairman, Economic Policy Committee, Canadian Medical Association.

Discussant: Dr. S. Wolfe, Medical Director, Saskatoon Community Clinic.

Discussion period

Tuesday, November 30

Morning

Health Services in Canada: Economic Aspects

Dr. J. J. Madden, Professor of Economics, Department of Social Sciences, University of Guelph.

Discussion period

Tuesday, November 30

Afternoon

Health Charter for Canadians: A Moral Issue in Canadian Life

M. l'Abbé Jean-Marie Lafontaine, Montreal

Discussant: Dr. Elizabeth Govan, Professor, School of Social Work, University of Toronto.

Discussion period

7.00 p.m.

Conference Banquet

The Prime Minister of Canada (Invited)

Wednesday, December 1

Morning

The Conference: Impressions and Indicatives

Dr. Alan Thomas, Director, Canadian Association for Adult Education.

Discussion in large groups on the general theme — "Where do we go from here".

Reports from groups.

Discussion and comments on the reports.

Commentary: Dr. Thomas

Closing remarks: The Conference Chairman
(Adjournment 5.00 p.m.)

Appendix E

FEDERATION DENTAIRE INTERNATIONALE

The 53rd annual session of the Federation Dentaire Internationale was held in Vienna, June 26th to July 3rd, 1965. The meeting was well organized by the Austrian Committee, with all sessions being held in the Vienna Hofburg, (former palace of Emperor Franz Joseph). The total registration was 2204, including wives, with the largest delegation from any country being from United States (569). Germany had the second largest members (450). Canada was represented by 55 delegates (31 dentists) from across the country.

Dr. Knut Gard (Norway) succeeded Dr. Erich Muller (Germany) to the office of President. Dr. Stewart Ross of London, England was elected President-Elect. Dr. Don W. Gullett (Canada) resigned from the office of Vice-President and was elected a member of the List of Honour.

Decision was made to hold the 1968 Annual Session in Bulgaria. The immediate future meetings are to be held at the following locations:

1966 — Tel Aviv, Israel, July 10-17.

1967 — Paris, France, July 7-13 (World Congress).

1968 — Sophia, Bulgaria (Dates not established yet).

As is customary, the scientific and business sessions ran concurrently during the full week of the meeting, with the various Commissions and Committees also meeting the week previous to the session week.

Some 200 participants, representing over 30 countries took part in the sessions. The interpreters handled the three official languages of the meeting, German, French and English in masterful fashion and at least summarized

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Italian and Spanish at times. Communication is the most difficult problem at International meetings.

The following comment is made upon a few of the more important matters considered.

1. At the San Francisco Session (1964), the General Assembly set up an Ad Hoc Committee to draft regulations appropriate to the receipt and disbursement of moneys received from outside sources. During the years, the committee circulated a questionnaire to all national associations, the result of which indicated that no country had established a policy statement on the subject. A policy statement was adopted on this matter.
2. A special session of the General Assembly was held on the subject of 'Targets for Public Relations in Dentistry'. Excellent papers were presented and lengthy discussion of a beneficial nature followed. It was evident that all countries have had difficulties in setting down proper guidelines in this activity.
3. One of the outstanding achievements has been the establishment of dental health activities in the World Health Organization. Several F.D.I. Commissions are actively cooperating with WHO with the result that the portion allotted to dental health in the W.H.O. budget has multiplied, being for the current year \$350,000. Progress in dental public health, education, epidemiology, and several other matters, is being greatly accelerated by this excellent cooperation, but the primary responsibility rests on the profession.
4. The possibilities for progress are great but the Federation is handicapped by lack of sufficient funds. The number of supporting members really determines the amount of work which can be undertaken. As of June 1965, it was reported that the number of supporting members has increased to 5672 in 70 countries. Of these, Canada has 121 F.D.I. Supporting Members.
5. The adoption of international specifications for dental materials is one important activity. From discussions held it is believed that relationship will be possible between F.D.I. and the International Standards Organization.
6. In a brief statement of this nature it is impossible to report adequately on a lengthy meeting. A few random items:
 - (a) Forensic Dentistry is receiving greatly increased attention on a world-wide basis.
 - (b) Nearly 60 countries are represented in the F.D.I.
 - (c) Headquarters of F.D.I. will be in new building being erected by British Dental Association.
 - (d) By request, F.D.I. Newsletters to be published in Japanese.
 - (e) 25 countries sent representatives to the meetings of Commission on Armed Forces Dental Services.
 - (f) Work is proceeding on the W.H.O. Classification of Diseases with particular reference to diseases of the oral cavity.

- (g) A dental lexicon in four languages is ready for publication. Publication costs are underwritten by U.S. Public Health Services grant.
- (h) Under the new Commission on Dental Practice, several studies have been set-up including: organization and administration of dental associations, methods of remuneration, laws and ethics, organization of practice, health of dentist, the dental team and dental manpower ratio.
- (i) W.H.O. has agreed to collect and compile dental research information on a recurring basis (every two years suggested) with F.D.I. responsible for publication.
- (j) The history of the F.D.I. is being written for publication in 1967.

Delegates: James Zimmerman,
Gustave Ratte,
Don W. Gullett.

Appendix F

CANADIAN ACADEMY OF RESTORATIVE DENTISTRY

Officers for term 1965-66

President	Dr. R. Fraser
President-elect	Dr. J. D. Purves
Secretary-Treasurer	Dr. R. E. Echlin
Historian	Dr. O. Yule

Regional Representatives

Eastern Provinces	Dr. D. Morrison
Quebec	Dr. H. Rosen
Ontario	Dr. J. D. Purves
Manitoba	Dr. S. Katz
Saskatchewan	Dr. G. Schwann
Alberta	Dr. D. MacDougal
British Columbia	Dr. W. Scott

CONSTITUTION AND BY-LAWS OF THE CANADIAN ACADEMY OF RESTORATIVE DENTISTRY *CONSTITUTION*

Article I — Name

The name of this organization shall be the Canadian Academy of Restorative Dentistry hereinafter called "the Academy" or "this Academy".

Article II — Objects

The objects of the Academy shall be:

1. to promote the art and science of dentistry especially as it applies to the use of natural teeth in restoring and maintaining a healthy functioning mouth.

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2. to disseminate among its members and to the dental profession knowledge gained through research and clinical experience.
3. to co-operate with all similar organizations in matters of mutual interest.
4. to encourage and maintain the highest professional standard among its members and the dental profession.
5. to hold meetings and assemblages of its members for all of the purposes mentioned.
6. to be an active section of the Canadian Dental Association.

Article III — Organization and Dissolution

This Academy is a nonprofit corporation organized under the Laws of Canada. If this corporation is dissolved at any time, no part of its funds or property shall be distributed to, or among, its members but, after payment of all indebtedness of the corporation, the remainder funds or properties shall be used to foster the art and science of restorative dentistry in a manner to be determined by the then governing body of the corporation.

Article IV — Membership

The membership of this Academy shall consist of dentists and other persons whose qualifications and classifications shall be as established in Article I of the By-Laws. There shall be four classes of members: Active Members, Associate Members, Retired Members and Honorary Membership, and membership shall be by invitation only.

Article V — Dues and Fees

The dues and fees of the Academy shall be established in Article VI of the By-Laws.

Article VI — Government

Section I

Legislative Body: The Legislative and governing body of this Academy shall be the Active Members as provided in Article IV of the By-Laws.

Section II.

Administrative Body: The administrative body of this Academy shall be the Executive Officers as provided in Article V of the By-Laws.

Article VII — Officers

The Executive Officers of the Academy shall consist of a President, a Past President, a President-Elect, a Secretary and a Treasurer, and such other officers as may be provided for by the By-Laws. The Office of Secretary and Treasurer may be held by the same person. All these officers shall be elected under the provisions of Article IV Section 2 of the By-Laws.

Article VIII — Annual Session

The Annual Session of this Academy shall be composed of the annual session of the General Membership as provided for in Article IV Section 3 of the By-Laws and the annual scientific session as provided in Article IV Section 3 of the By-Laws.

Article IX — Principles of Ethics

The principles of ethics of this Academy shall be the Principles of Ethics of the Canadian Dental Association and shall govern the professional conduct of the members of this Academy.

Article X — Amendments

Section I

This constitution may be repealed, altered or amended at any annual business meeting of the Academy on recommendation of the Executive Officers and on three-fourths vote of the Active Members present and voting, provided that the proposed amendment has been submitted in writing to all active members at least (90 days) prior to the date on which the vote is taken.

Section II

This Constitution also may be repealed, altered or amended at any annual session on a three-fourths vote of the Active Members present and voting, provided that the proposed amendment was submitted in writing to the membership at the preceding annual business meeting of the Academy.

*BY-LAWS**of**THE CANADIAN ACADEMY OF RESTORATIVE DENTISTRY**ARTICLE I**MEMBERSHIP*

Section 1.

Classification. The members of this Academy shall be classified as follows:

- (a) Active Members
- (b) Associate Members
- (c) Honorary Members
- (d) Retired Members.

Section 2.

Qualifications. The qualifications for each membership classification shall be as follows.

- (a) Active Members

I Be members in good standing for a period of at least eight consecutive years immediately preceding admission into the Academy in their respective district provincial and national associations.

II Be recognized in the dental profession as practicing or teaching the branch of Restorative Dentistry.

III Be willing to co-operate and to render their best efforts for the purpose of stimulating progress in their professional activity.

IV Have made contributions to the furthurance of the art and science of dentistry by clinics, lectures, writings or research.

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V Be prepared to contribute and take an active part in the scientific meetings of the Academy.

VI To have attended two meetings as a provisional active member and performed either clinically or through the presentation of a paper.

(b) Associate Members.

I Dental graduates not engaged directly in the practice of Restorative Dentistry, and not professionally engaged in commercial pursuits;

(c) Retired Members

Active members in good standing of the Academy who have through age or health been forced to retire permanently from active practice may become "Retired Members". A retired Member may attend meetings but shall not have the right to vote or hold office in the Academy.

(d) Honorary Members

Honorary membership may be granted to members of the dental or medical professions or to scientists in collateral fields who shall have contributed to the advancement of Restorative Dentistry or to persons who have rendered important service to the profession or to the Academy.

ARTICLE II

NOMINATION TO MEMBERSHIP

Section 1.

Nominations for Active and Associate membership shall be presented to the Secretary on the regular form furnished by the Academy. The nomination for membership shall be signed by two Active members, one of whom shall be a practising dentist in the same district as the nominee, who are personally acquainted with the nominee and each of them shall furnish a letter of recommendation. The letters must give detailed information concerning the character, methods of practice and qualifications of the nominee. The Secretary shall present all such nominations to each member of the Membership Committee not less than 15 days before the Committee meeting. After due consideration of the nominations the Membership Committee shall submit them to the Executive Officers with its recommendations.

At this annual meeting a written ballot shall be taken upon each nomination and an affirmative vote of not less than three-fourths of the active members present shall constitute an invitation to membership. An invitation to membership shall extend to the next annual meeting. A recipient of an invitation to membership in the Academy shall be eligible for the privileges of membership on the payment of the annual dues. The invitation must be accepted and the dues paid within thirty (30) days after the invitation has been extended.

Section 2.

Nominations for Honorary membership shall be made by the Executive officers to the General Membership where a three-fourths affirmative vote of Active Members present and voting shall be necessary for election.

Section 3.

Determination of number of Active Members. The number of persons who shall constitute the Active Membership may be determined at any time

upon the recommendation of the Executive Officers and the approval of the Academy.

Section 4.

In Good Standing. A member of this Academy who is not under final sentence of suspension or expulsion and whose dues for the current calendar year have been paid shall be considered as a "member in good standing". If any *Active* member shall fail to attend two consecutive annual meetings without excuse therefrom granted by the membership committee, he may be dropped from membership upon order of the Membership Committee and Executive Officers.

Section 5.

Forfeiture of Membership. Violation of the Constitution or By-Laws of the Academy or any part thereof, or any act of any Member which, in the judgment of the Executive Council, is contrary to the welfare and best interests of the Academy and its members shall be grounds for forfeiture of membership in the Academy.

All charges setting forth such act or acts by any member and evidence to support such charges must be presented in writing to the Executive Council, which shall have full power to act thereon, and its actions shall be final and binding on all the members of the Academy. Forfeiture of membership so determined shall be effective upon the giving of written notice thereof by the Secretary to the offending member.

ARTICLE III

PRIVILEGES OF MEMBERSHIP

(a) **Active Members:** shall have all the privileges of the Academy including the right to vote, to make nominations and to hold office.

(b) **Associate Members:** shall have the privileges of an Active Member except the right to vote, to make nominations and to hold office.

(c) **Retired Members:** shall have all the privileges of Active Membership except the right to vote, hold office and make nominations. The attendance requirement as stated in Article II, Section IV of the By-Laws is not mandatory.

(d) **Honorary Members:** shall have all the privileges of Active Membership except the right to vote, to make nominations and to hold office provided that Honorary Membership shall not withdraw privileges previously held by an Active Member. The attendance requirement as stated in Article II, Section IV, of the By-Laws is not mandatory.

ARTICLE IV

GENERAL MEMBERSHIP

Section 1.

Name and Composition: The governing body of this Academy shall be the General Membership which shall be composed of all Active members of this Academy.

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Section 2.

Powers: The General Membership shall have the following powers:

- (a) It shall be the supreme legislative body of this Academy.
- (b) It shall have the power to enact, amend and repeal the Constitution and By-Laws of this Academy on recommendation of the Executive Council.
- (c) It shall have the power to elect all members of the Academy.
- (d) It shall have the power to approve all memorials resolutions and recommendations made in the name of the Academy.
- (e) It shall have the power to elect the Executive Officers.
- (f) It shall have the power to elect members of committees and boards not otherwise provided for in these By-Laws.
- (g) It shall serve as final court of appeal from decisions of the Executive Council on any disciplinary action taken against any member of the Academy.

Section 3.

Sessions: The General Membership shall meet at least annually at a time and place determined by the Executive Officers. When facilities permit, the annual meeting and scientific sessions will take place prior to or in conjunction with the Canadian Dental Association Convention. The annual session of the General Membership may be postponed provided that written notice of such postponement is sent to all members of the Academy following the action of the Executive Officers.

Section 4.

Quorum: One-third of the voting members of the General Membership shall constitute a quorum for the transaction of business.

Section 5.

Name and Number of Committees: The General Membership shall have five standing committees designated as follows:

1. Committee on Constitution and By-Laws.
2. Committee on Membership consisting of the five or more regional members as elected by the General Membership.
3. Committee on Annual and Scientific Sessions.
4. Committee on Nominations. One member of which shall be the immediate past-President.
5. Committee on Scientific Investigation. To digest the literature and present what is new.

Section 6.

Special Committees: Special committees of this Academy shall be appointed on authorization of the President. The terms of all members of special committees will lapse at the annual session following which there were appointed unless re-authorized by vote of the General Membership. All special committees shall be composed of Active Members.

Section 7.

Composition and Term of Standing Committees: All standing committees of the Academy shall be composed of three Active Members elected for terms of one, two and three years respectively. At each succeeding annual meeting one member only shall be elected for a term of three years.

Section 8.

Officers: The Chairman of all standing and special committees shall be appointed by the Executive Officers unless otherwise provided in these By-Laws.

Section 9.

Vacancy: Any vacancy in the membership of a standing or special committee shall be filled by the President who shall appoint a successor until the next session of the General Assembly which shall then elect a successor for the remainder of the unexpired term.

Section 10.

Nominations and Elections of Standing Committees: All members of standing committees shall be nominated by the Executive Officers or a petition signed by five Active Members presented at the first business meeting of the annual session. A majority vote of Active Members present and voting shall constitute election.

Section 11.

Duties of Standing Committees: The following shall be the duties of the Standing Committees of this Academy:

(a) **Committee on Constitution and By-Laws:** Shall examine the Constitution and By-Laws and, from time to time, make such suggestions for amendment as are necessary to increase the administrative efficiency of the Academy. The committee shall consider all proposed amendments and shall submit them to the Executive Officers for review before presenting them to the General Membership for action.

(b) **Committee on Membership:** The duties of the Committee on membership shall be to conduct a program, subject to the direction of the Executive Officers, for maintenance of membership and shall examine credentials and record the roll and recommendations to the Executive Committee. This Committee shall have five or more regional representatives as established in Article IV, Section 5 of the By-Laws.

(c) **Committee on Annual and Scientific Sessions:** shall be in charge of all arrangements for the annual session and other scientific programs, subject to the approval of the Elective Officers. The Committee may appoint the following sub-committees subject to the approval of the Executive Officers:

1. Subcommittee on essay program
2. Subcommittee on Clinic program
3. Subcommittee on arrangements
4. The committee may also appoint other subcommittees upon the approval of the Executive Officers.

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(d) Committee on Scientific Investigation: The Committee on Scientific Investigation shall consist of five members. It shall review abstracts and report research, new materials, new techniques and other matters pertinent to this speciality and its chairman shall make his report to the Academy at the Luncheon or Dinner Meeting of the Annual Scientific Session.

Section 12.

Quorum for Standing Committees: A majority of the total numbers of members of any committee shall constitute a quorum for the transaction of business.

Section 13.

Invitation of Guests: Each member may invite through the Secretary a guest to the Annual Scientific Session. Should facilities permit, additional guests may be invited.

ARTICLE V EXECUTIVE OFFICERS

Section 1.

Name and Number: The Executive Offices of this Academy shall be four in number and shall be designated as President, President-Elect, Secretary and Treasurer. It is provided that *one person* may be elected by the General Membership to serve as Secretary-Treasurer for a five year period.

Section 2.

Eligibility: Only an Active Member may serve as an Executive Officer of this Academy.

Section 3.

Term of Office: All officers shall hold office from the annual session at which they were elected to the following annual session, or until their successors are duly elected and installed, provided, however, that the President-Elect shall succeed to the office of President without further election at the annual session following that at which he was designated President-Elect.

Section 4.

Nominations and Elections: Executive Officers shall be nominated from the floor at the first business meeting of the annual session, and election shall be by ballot.

Section 5.

Vacancy:

(a) In the event the office of President becomes vacant, the President Elect shall serve as President for the unexpired term in addition to serving the full term for which he was elected.

(b) In the event the office of President-Elect becomes vacant, the office of President for the ensuing year shall be filled at the next annual session in accordance with the provisions of Article IV of these By-Laws, except that the ballot shall read "President-Elect".

(c) In the event the office of Secretary becomes vacant, the President shall appoint a successor protem to serve until the next session of the General Assembly when a successor shall be elected.

(d) In the event the office of Treasurer becomes vacant, the President shall appoint a successor protem until the next session of the General Assembly when a successor shall be elected.

(e) In the event the office of Immediate Past President becomes vacant, no successor shall be appointed but the President shall assume the duties of the vacated office in addition to his own duties.

ARTICLE VI

FEES, DUES AND FISCAL YEAR

Section 1.

Fees and Dues.

(a) The initiation fee for active members is fifty dollars (\$50.00).

(b) Annual fees shall be due and payable at the beginning of each fiscal year.

For Active Members: the annual dues shall be determined yearly by the Executive

For Associate Members: the annual dues shall be determined yearly by the Executive

For Honorary Members: there shall be no fees and dues

For Retired Members: there shall be a clinic fee as determined by the Executive

(c) Dues must be paid by February 1st. Members whose dues are not paid by that time shall be considered delinquent and suspended from Membership.

(d) A reinstatement fee of \$10.00 in addition to paying all indebtedness to the Academy will be necessary to re-establish Membership.

Section 2.

Fiscal Year: The Fiscal Year of the Academy shall be from June 1st to May 31st.

ARTICLE VII

VOTING

Active Members in good standing shall be the only members entitled to vote on matters brought before the Academy. In case of a tie the Presiding Officer shall cast the deciding vote.

ARTICLE VIII

ORDER OF BUSINESS AT MEETING

The order of business at the Annual and Special Meetings of the Academy shall be as follows:

1. Meeting called to order

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2. Reading of minutes of previous meeting
3. Reading of minutes of Executive Meetings held since the last meeting of the Academy
4. Announcements
5. Reports of Secretary and Treasurer
6. Report of President-Elect
7. Election of Members
8. Unfinished business
9. New business
10. Election of officers.

ARTICLE IX

PROCEDURE AT ANNUAL AND SPECIAL MEETINGS

Robert's Rules of Order shall govern at annual and special meetings on points not otherwise herein provided.

ARTICLE X

AMENDMENTS TO THE BY-LAWS

Section I.

The By-laws may be amended at any session of the General Assembly by a majority vote of members present and voting, provided that the proposed amendment shall have been submitted in writing to all active members at least sixty days (60 days) prior to the date on which the vote is taken.

Section II.

The By-laws governing the dues and fees of members of this Academy may be amended at the annual session at which such amendment is introduced but only by unanimous consent.

Appendix G

CANADIAN ACADEMY OF ENDODONTICS CONSTITUTION AND BY-LAWS

Article I — Name

Constitution

The name of this organization shall be the Canadian Academy of Endodontics hereinafter called "the Academy" or "this Academy".

Article II — Object

It shall be the object of this Academy to advance the art and science of endodontics, and by its application maintain and improve the health of the public.

Article III — Organization and Dissolution

This Academy is a non-profit corporation organized under the laws of Canada.

If this corporation is dissolved at any time, no part of its funds, or property shall be distributed to, or among, its members but, after the payment of all indebtedness of the corporation, the remainder funds or properties shall be used to further the art and science of endodontics in a manner to be determined by the then governing body of the corporation.

Article IV — Membership

The Membership of this Academy shall consist of dentists and other persons whose qualifications and classifications shall be as established in Chapter I of the By-laws.

Article V — Dues and Fees

The dues and fees of the Academy shall be established in Chapter IV of the By-laws.

Article VI — Government

Section 1.

Legislative Body: The legislative and governing body of this Academy shall be the General Assembly as provided in Chapter II of the By-laws.

Section 2.

Administrative Body: The Administrative body of this Academy shall be the Executive Officers as provided in Chapter III of the By-laws.

Article VII — Executive Officers

Executive Officers: The executive officers of this Academy shall be a President, President-Elect, Immediate Past President, a Secretary and a Treasurer, provided that one person may serve as both Secretary and Treasurer. All of these officers shall be elected under the provisions of Chapter III of the By-Laws.

Article VIII — Annual Session

The Annual Session of this Academy shall be composed of the annual session of the General Assembly as provided in Chapter II of the By-laws, and the annual scientific session as provided in Chapter IX of the By-laws.

Article IX — Principles of Ethics

Section 1.

The principles of ethics of this Academy shall be the Principles of Ethics of the Canadian Dental Association and shall govern the professional conduct of the members of this Academy.

Article X — Amendments

Section 1.

This constitution may be amended at any annual session on recommendation of the Executive Officers and on two-thirds affirmative vote of the members of the General Assembly present and voting, provided that the proposed amendment has been submitted in writing to all active members at least sixty (60) days prior to the date on which the vote is taken.

Section 2.

This Constitution also may be amended at any annual session of the General Assembly on recommendation of the Executive Officers and on

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unanimous affirmative vote of the members present and voting, provided that the proposed amendment has been presented in writing at a previous meeting of said session.

Section 3.

This Constitution also may be amended at any annual session of the General Assembly by two-thirds affirmative vote of the members present and voting provided that the proposed amendment shall have been submitted in writing at a previous session.

By-laws

Article I — Membership

Section 1.

Classification: The members of this Academy shall be classified as follows:

- (a) Active Members
- (b) Associate Members
- (c) Retired Members
- (d) Honorary Members

Section 2.

Qualifications: The qualifications for the various classifications of membership shall be as follows:

- (a) Active Member: A dentist who is a member in good standing of the Canadian Dental Association or another recognized national dental association, who has been graduated from a dental school for at least three years, or who has earned recognition in endodontics by graduate or post-graduate training, by teaching and research, or by other suitable courses which satisfy the Committee of Membership and is devoting at least 75% of his time to practice or teaching of endodontics, may be classified as an Active Member on approval of nomination by the Officers and on election by the General Assembly.
- (b) Associate Member: A dentist who is a member in good standing of the Canadian Dental Association or another recognized national dental association who is devoting part of his practice, or part of his teaching and research program to endodontics, may be classified as an Associate Member on the recommendation of the Officers and election by the General Assembly.
- (c) Retired Member: A member in good standing for ten years of this Academy who shall have been compelled to retire from active practice on account of ill health or age and who shall have made a contribution to this Academy may be classified as a Retired Member upon the nomination of the Officers and election by the General Assembly.
- (d) Honorary Member: a person who has made outstanding contributions to the art and science of endodontics may be classified as an Honorary Member on nomination of the Officers and on election by the General Assembly.

Section 3.

Nomination and Election to Membership: Nominations for Active and Associate membership shall be presented to the Secretary on the regular form furnished by the Academy. The nomination for membership shall be signed by two Active members who are personally acquainted with the nominee, and each of them shall furnish a letter of recommendation. The letters must give detailed information concerning the character, methods of practice and qualifications of the nominee. The filled in form and the letters shall be sent to the Secretary who shall place them in the hands of the Membership Committee for checking and verification. If the Membership Committee approves of the qualifications of the nominee, their recommendation, including the type of membership, shall be presented to the Officers for their approval. A list of all approved nominees shall be sent to all Active members of the Academy at least (30) days prior to the annual business session of the General Assembly. A three-fourths affirmative vote of all Active members present and voting in the General Assembly shall be necessary for election to membership in the Academy.

Nominations for Retired and Honorary membership shall be made by the Executive Officers to the General Assembly where a three-fourths affirmative vote of Active members present and voting shall be necessary for election.

A recipient of an invitation to membership in the Academy shall be eligible for the privileges of membership on the payment of the annual dues and initiation fees where applicable. The invitation must be accepted and the dues paid within thirty (30) days.

Section 4.

In Good Standing: A member of this Academy who is not under final sentence of suspension or expulsion and whose dues for the current calendar year have been paid shall be considered as a "member in good standing". Each Active member shall be required to attend one Annual Meeting in a five year period in order to remain in good standing.

Section 5.

Privileges of Membership:

- (a) Active Members: shall have all the privileges of the Academy including the right to vote, to make nominations and to hold office.
- (b) Associate Members: shall have all the privileges of an Active member except the right to vote, to make nominations and to hold office.
- (c) Retired Members: shall have all the privileges granted to their former classification of membership.

Section 6.

Transfers: A member may transfer from one classification of membership to another classification if he (or she) is qualified for the classification of that membership on recommendation of two Active members. Such application is made to the Secretary on an application form furnished by the Secretary. The filled in form with other credentials substantiating his (or her) qualifications shall be sent to the Secretary who shall place them in the hands of the Membership Committee for checking and verification. If the Membership

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Committee approves of the qualifications of the applicant, their recommendation shall be presented to the Officers for their approval. A list of all approved applicants shall be sent to all Active members of the Academy at least (30) days prior to the annual business session of the General Assembly. A three-fourths affirmative vote of all Active members present and voting shall be necessary for the transfer to be successful.

Article II — General Assembly

Section 1.

Name and Composition: The governing body of this Academy shall be the General Assembly which shall be composed of all Active members of this Academy.

Section 2.

Powers: The General Assembly shall have the following powers:

- (a) It shall be the supreme legislative body of this Academy;
- (b) It shall have the power to enact, amend and repeal the Constitution and By-laws of this Academy;
- (c) It shall have the power to elect all members of the Academy;
- (d) It shall have the power to approve all memorials, resolutions and recommendations made in the name of the Academy;
- (e) It shall have the power to elect the Executive Officers;
- (f) It shall have the power to elect members of committees and boards not otherwise provided for in these By-laws;
- (g) It shall serve as final court of appeal from decisions of the Executive Officers of any disciplinary action taken against any member of the Academy.

Section 3.

Sessions: The General Assembly shall meet at least annually at a time and place determined by the Executive Officers. The annual session of the General Assembly may be postponed provided that written notice of such postponement is sent to all members of the Academy immediately following the action of the Officers.

Section 4.

Quorum: One third of the voting members of the General Assembly shall constitute a quorum for the transaction of business.

Section 5.

Name and Number of Committees: The General Assembly shall have four standing committees designated as follows:

1. Committee on Constitution and By-laws.
2. Committee on Membership.
3. Committee on Annual and Scientific Sessions.
4. Committee on Public and Professional Relations.

Section 6.

Special Committees: Special committees of this Academy shall be appointed on authorization of the President. The terms of all members of special committees will lapse at the annual session following which they were appointed unless re-authorized by vote of the General Assembly. All special committees shall be composed of Active Members.

Section 7.

Composition and Terms of Standing Committees: All standing committees of the Academy shall be composed of three Active Members elected for terms of one, two and three years respectively. At each succeeding annual meeting one member only shall be elected for a term of three years.

Section 8.

Chairmen of Committees: The Chairmen of all standing and special committees shall be appointed by the Officers unless otherwise provided in these By-laws.

Section 9.

Vacancy: Any vacancy in the membership of a standing or special committee shall be filled by the President who shall appoint a successor until the next session of the General Assembly which shall then elect a successor for the remainder of the unexpired term.

Section 10:

Nominations and Election of Standing Committees: All members of standing committees shall be nominated by the Executive Officers or a petition signed by five Active Members presented at the first business meeting of the annual session. A majority vote of Active Members present and voting shall constitute election.

Section 11.

Duties of Standing Committees: The following shall be the duties of the standing committees of this Academy.

- (a) Committee on Constitution and By-laws: shall examine the Constitution and By-laws and, from time to time, make such suggestions for amendment as are necessary to increase the administrative efficiency of the Academy. The committee shall consider all proposed amendments and shall submit them to the Executive Officers for review before presenting them to the General Assembly for action.
- (b) Committee on Membership: The duties of the Committee on membership shall be to conduct a program, subject to the direction of the Executive Officers, for the maintenance of membership and shall examine credentials and record the roll.
- (c) Committee on Annual and Scientific Sessions: shall be in charge of all arrangements for the annual session and other scientific programs, subject to the approval of the Officers. The Committee may appoint the following sub-committees subject to the approval of the Executive Officers:
 1. Sub-committee on essay program.

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2. Sub-committee on clinic program.
 3. Sub-committee on arrangements.
 4. The committee may also appoint other sub-committees upon the approval of the Officers.
- (d) Committee on Public and Professional Relations: The duties of this committee shall be designated by the Executive Officers.

Section 12.

Quorum: A majority of the total number of members of any committee shall constitute a quorum for the transaction of business.

Article III — Executive Officers

Section 1.

Name and Number: the Executive Officers of this Academy shall be designated as, President, President-Elect, Immediate Past-President, Secretary and Treasurer provided that one person may be elected by the General Assembly to serve as Secretary-Treasurer.

Section 2.

Duties of Executive Officers.

- A. It shall be the duty of the President to:
- (a) Call and preside at all meetings of the Officers and General Assembly.
 - (b) Be a member ex-officio of all committees.
 - (c) Appoint all committees not otherwise provided for.
 - (d) Present an annual report.
 - (e) Perform such other duties pertinent to his office.
- B. It shall be the duty of the President-Elect to:
- (a) In the absence of the President, assume all duties of his office.
 - (b) Succeed to the office of the President in the event of vacancy.
 - (c) Perform such other duties pertinent to his office.
- C. It shall be the duty of the Immediate Past-President to:
- (a) Advise the President in all matters pertaining to the affairs of the Academy.
 - (b) Perform such other duties pertinent to his office.
- D. It shall be the duty of the Secretary to:
- (a) Keep a record of all the transactions of the Academy.
 - (b) Attend to all correspondence.
 - (c) Keep all communications and copies of replies thereto.
 - (d) Notify all members of time and place of meetings.
 - (e) Keep an accurate list of all members together with their addresses.
 - (f) Notify officers and members of their election or appointment.

- (g) Make an annual report to the President of all the Academy's activities.
- (h) At the expiration of his term of office, he shall turn over to his successor, all records, books or other properties relating to his office.
- (i) Perform all other duties pertinent to his office.

E. It shall be the duty of the Treasurer to:

- (a) Keep an accurate account of all money of the Academy.
- (b) Be responsible for all money of the Academy for which he shall be bonded in an amount to be determined by the Executive Officers, the premium for which shall be borne by the Academy.
- (c) Make an annual report to the President of the Academy's finances and shall submit the books to audit.
- (d) At the expiration of his term of office, he shall turn over to his successor, all records, books or other properties relating to his office.
- (e) Perform all other duties pertinent to his office.

Section 3.

Eligibility: Only an Active or Retired member, qualified by his previous classification as an Active member, may serve as an Officer of this Academy.

Section 4.

Term of Office: All officers shall hold office from the annual session at which they were elected to the following annual session, or until their successors are duly elected and installed, provided, however, that the President-Elect shall succeed to the office of the President without further election at the annual session following that at which he was designated President-Elect.

Section 5.

Nominations and Elections: Officers shall be nominated from the floor at the first business meeting of the annual session, and election shall be by ballot.

Section 6.

Vacancy:

- (a) In the event that the office of President becomes vacant, the President-Elect shall serve as President for the unexpired term in addition to serving the full term for which he was elected.
- (b) In the event the office of President-Elect becomes vacant, the office of President for the ensuing year shall be filled at the next annual session in accordance with the provisions of Chapter II of these By-Laws, except that the ballot shall read "President-Elect".
- (c) In the event the office of Secretary becomes vacant, the President shall appoint a successor protem to serve until the next session of the General Assembly when a successor shall be elected.
- (d) In the event the office of Treasurer becomes vacant, the President shall appoint a successor protem until the next session of the General Assembly when a successor shall be elected.

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- (e) In the event the office of Immediate Past-President becomes vacant, no successor shall be appointed but the President shall assume the duties of the vacated office.

Article IV — Fees, Dues and Fiscal Year

Section 1.

Fees and Dues:

- (a) Annual fees shall be due and payable at the beginning of each fiscal year.
- (b) An initiation fee of \$50.00, an amount which in addition to the annual dues will be assessed each new active member.
For Active members: The annual dues shall be \$35.00
For Associate members: The annual dues shall be \$25.00
For Retired members: There shall be no fees or dues for Retired members.
For Honorary members: There shall be no fees or dues for Honorary members.
- (c) Dues must be paid by October 1st. Members whose dues are not paid by that time shall be considered delinquent and suspended from membership.
- (d) A reinstatement fee of \$10.00 in addition to paying all indebtedness to the Academy will be necessary to re-establish membership.

Section 2.

Fiscal Year: The fiscal year of the Academy shall be from July 1st to June 30th.

Article V — Annual Scientific Session

Section 1.

Time and Place: The annual scientific session shall be a part of the annual session of this Academy as provided in Article VIII of the Constitution. The annual scientific session shall be held at such time and place as may be determined by the Officers. In the event of a declaration of extreme emergency, in accordance with the provisions of Chapter II of these By-laws, under the direction of the Officers, the annual scientific session shall not be held for the duration of the extreme emergency.

Article VI — Amendments

Section 1.

These By-laws may be amended at any session of the General Assembly on recommendation of the Executive Officers and by an affirmative vote of the majority of the members present provided that the proposed amendments shall have been submitted in writing to all members at least sixty (60) days prior to the date of the said session.

Section 2.

These By-laws may be amended at any session of the General Assembly by two-thirds affirmative vote of the members present and voting provided that the proposed amendments shall have been submitted in writing at the previous session.

Section 3.

The By-laws governing the dues and fees of members of this Academy shall not be amended at the annual session at which such amendment is introduced unless by unanimous consent.

Section 4.

The By-laws may be amended at any time on the recommendation of the Executive Officers, and by a two-third affirmative vote of the membership.

Appendix H

BUDGET FOR EDUCATION AND RESEARCH

Report of the subcommittee of the Executive Council appointed to consider the allotment of funds to Council on Research and the Canadian Fund for Dental Education.

Executive Council minutes, February 15-18, 1965, paragraph 45:

Motion: That the president appoint a subcommittee of two

- (1) to study the functions of the studentship activity of the Council on Research and of the bursary activity of the Canadian Fund for Dental Education as they relate to each other and
- (2) to study the proportion of the C.D.A. scholarship dollar which they should receive.

The president subsequently appointed as the subcommittee Remy Langlois and P. S. Christie (chairman).

The subcommittee met during the Quebec Convention on the evening of May 27th with the following present: Remy Langlois, P. S. Christie, K. J. Paynter, J. D. McLean, W. G. McIntosh and K. L. Croft.

As background some figures were presented taking the total annual grants of the corporate members as the most stable element in the budget with which to compare the grants to the Council on Research and to the Canadian Fund for Dental Education. The grants to the Council on Research from 1955-1964 range from 3.3% to 6% with the exception of the year 1958 when the figure was 12.8%; the grants to the C.F.D.E. from 1962-1964 were 2.3%.

There was considerable discussion led by the two chairmen, Drs. McLean and Paynter. There was evident agreement on these points:

- (1) That these grants represented money well spent by the Association in the educational sector.
- (2) That the two bodies are complementary in their activities — not competitive or overlapping.
- (3) That it was most desirable that the Association support both bodies at the feasible maximum. No formula or suggestion was forthcoming as to what sum this should be or how it should be divided between the two bodies.

A summary of the comment by the two chairmen is of value in providing some perspective of this subject.

EXECUTIVE

Dr. McLean stated that without continuing C.D.A. support the C.F.D.E. would fold up; that it is desirable to keep the C.F.D.E. as an organization separate from C.D.A. in order to attract outside support; that the Fund has no conflict of interests with the Council in its activities; that the Fund may provide support for educational purposes which are unusual in that they do not fall into a category covered by Council or the N.R.C.; that the Fund may supplement the grants to a student from the Council or from N.R.C.

Dr. Paynter stated that fellowships may be discontinued at some future time should adequate funds become available from other sources, but that Studentships must be continued for the foreseeable future; that the greatest need now is for clinical teachers — the basic science personnel are in quite good supply; that the trend may be for grants to move towards the Fund and decrease to the Council; that after the Fund is functioning smoothly administratively it might be possible to funnel grants to the Council on Research through the Fund which would have the effect of fleshing out the Fund and thus providing a good facade when approaching sources outside the profession for support. Such grants would have to be earmarked as being for Council purposes. This is not a suggestion for immediate use but a thought for the future.

The meeting was useful in providing for an exchange of viewpoints between the chairmen of the two bodies and in providing information and orientation to the Association officials.

The question remains as to what proportion of the scholarship dollar each of these bodies should receive.

Judging by the allocations to the Council on Research and the Canadian Fund for Dental Education over the past three years it can be said that the C.D.A. can afford to allot in total to these bodies five to six percent of the total budget of, say, \$300,000.

The following proposal is advanced for consideration: that for a trial period of three years, other budget commitments permitting, allocations be made upon this basis:

The total allotment to be 6% of \$300,000.

First year: \$5,000 to C.F.D.E. Remainder to C. on R.

Second year: \$6,000 to C.F.D.E. Remainder to C. on R.

Third year: \$7,000 to C.F.D.E. Remainder to C. on R.

At the end of the three-year period the matter should be reviewed.

Respectfully submitted,
Remy Langlois,
P. S. Christie (Chairman).

Appendix I

EXPENSE POLICY

It is the policy of the Canadian Dental Association to provide, on the basis of budgeted funds, reimbursement for travel and maintenance expenses of all personnel carrying on official business for the Association. This policy includes officers, members of councils and committees, special representatives and employees. With the exception of the President and President-elect,

“official business” requires advance authorization from headquarters. (For example, notice of meeting issued from headquarters for a council or committee constitutes authorization that members’ travel is on official business.)

Travel

For air travel, reimbursement will be made for economy class round trip transportation by the most direct route plus ground transportation to and from home or office.

For train travel, reimbursement will be made for first class round trip transportation by the most direct route plus the cost of a parlour car seat, roomette or bedroom when necessary.

For travel by personal automobile, reimbursement will be made at the rate of ten cents per business mile, not to exceed the equivalent plane or train fare as described in the previous two paragraphs.

Maintenance

Maintenance includes actual expenses of the traveller for hotel, meals, gratuities and local travel, during the time it is necessary to be away from home or office to satisfy the purpose of the travel. For meetings such as council and committee meetings and the Board of Governors’ meeting, hotel expense may be included from the evening preceding a daytime meeting until the morning following the close of the meeting.

Insurance

The Association carries travel accident insurance coverage for named officers, members of the Board of Governors, members of councils and committees, and employees or members when travelling on official business of the Association. In brief, the group policy provides for payment of \$75,000 when covered injuries result in loss of life, two limbs or two eyes, and a weekly benefit for disablement. (Complete details are available from headquarters.)

More than One Source

Reimbursement shall not be made by the Association when reimbursement is made for the same expense by another organization.

ADOPTED

TRUSTEES: *J. D. McLean, Chairman, Halifax; M. E. Bower, Vice Chairman, Toronto; L. P. Lepine, Montreal; W. P. Munsie, Vancouver; H. W. Reid, Toronto.*

REPORT

1. Once again it is my pleasure to report to you on behalf of the Board of Trustees of the Canadian Fund for Dental Education, to thank you for the opportunity to keep you abreast of our activities and intentions, and to thank you for your continuing financial support which so greatly increases the effectiveness of our endeavours.
2. A printed report of the previous year's activities was distributed to you early in 1966. In part because of the difficulties encountered in preparation of a new format, publication and distribution of the report suffered a rather lengthy delay but we trust you will share our enthusiasm for the resulting presentation which will act as a basis for the preparation of subsequent reports. A printed report for 1965 will be forthcoming later in 1966. Mr. Herbert Rautenberg and Mr. Peter Macklin of the Arthur Meyerhoff Company Limited have provided invaluable assistance and advice to our Public Information Committee and the Board not only in the preparation of the report, but in other promotional activities, and we are extremely grateful to the anonymous donor who is providing the funds to support this service.
3. The annual meeting of the Board of Trustees was held on March 21st and 22nd 1966 in the headquarters building of your Association. In a promotion presentation, the Meyerhoff Company noted that the reputation of the Fund "is considered excellent", and that "generally, all dentists in Canada know about the Fund".
4. At the year ending December 31st, 1965, the Fund recorded \$56,888.10 on deposit or invested to ensure stability. This amount still is considered to be inadequate for the purpose, but it is increasing slowly.
5. The Meyerhoff Company also noted as an unfavourable fact in promotional strength that
"the Fund has not developed a decisive increase in the force of its promotion. In the face of more determined efforts by other non-profit organizations of all kinds, the Canadian Fund for Dental Education must reach more potential contributors more times in a given year."
6. For some time the Trustees have been aware that the kind of dynamic development which can surely take place can not be brought about with our present organizational structure of five Trustees distributed geographically from the Atlantic to the Pacific, and the continued part time assistance of an otherwise extremely busy secretary. The Trustees gave lengthy consideration to this problem, the solution of which is considered to be of paramount importance. Clearly, means must be found to engage a secretary whose primary purpose would be to generate contributions to the Fund. With even the most prudent financing it is estimated that the annual expenditures for an effective secretariat could not be less than \$19,000 per annum. The close approximation of this amount to the annual receipts of the Fund makes clear the dilemma

facing the Trustees. Should grants be curtailed severely, indeed virtually eliminated for a year or two in order to make a significant long range development possible? If not, what other solution is possible? It is obviously "good business" to invest in the future, and the best information and advice we were able to get in this regard suggests that the establishment of a full time secretariat would result in an almost immediate doubling of our income and rapid development thereafter. The Trustees are concerned however that a significant number of contributors might not pause to evaluate the long range implications, and might be severely critical of substantial expenditures for a secretariat at this time. Thus the Trustees concluded that a secretariat must be established at the earliest possible date, and that the most strenuous efforts must be made to secure a special sponsor or sponsors to support this development. To this end the Trustees are searching for a suitable secretary and at the same time are actively searching for the necessary financial support.

7. As soon as a Secretary can be appointed, further consideration will be given to broadening the base of active participation in the Fund's activities whereby there would be at least one representative from each province, and perhaps more than one where there are large urban areas.

8. Plans were approved for more frequent promotion and solicitation during the coming year. The Trustees also approved a new design of letter-head, newsletter and advertising, incorporating the logotype design recommended by the Arthur Meyerhoff Company Limited. Perhaps special mention should be made of the logo. It is hoped that the Fund may soon become known by the distinctive flame symbol, in similar manner to the identification of the Tuberculosis Association by its distinctive cross.

9. The Living Memorial Book, to which reference was made in last year's report, has now been procured, and is on permanent display in the Library of the Canadian Dental Association. It is anticipated that photographs will soon appear in the Journal of the Canadian Dental Association, and we trust that you too will find this book a fitting record in recognition of those for whom contributions have been made to the Fund.

10. The Public Information Committee has been instructed "to commence, as soon as possible, issuing reports and releases in both French and English languages".

11. In response to a request from the Canadian Association of Dental Deans, a grant of \$1,000 was approved "to assist in establishing an Association of Canadian Dental Faculties". It is understood that the subject of such an association has been under informal discussion for some years and it would seem that the time is now propitious for the establishment of a Canadian organization paralleling the activities of the American Association of Dental Schools, although it is understood that the Canadian faculties are in no way desirous of severing connections with the American body with which they have had a long, happy and profitable association. There are, however, matters of particular interest and concern to the Canadian schools and it is felt that the formation of a Canadian association could have an extremely beneficial effect on all of the faculties in this country. The Trustees share the Deans' belief

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that this subject is worthy of careful investigation and are pleased to be able to provide some assistance to this end.

12. A grant of \$500 has been approved for "each of the eight established dental schools in Canada", and these funds are to be used at the discretion of the several Deans in order to assist with projects which otherwise would not be possible for them to conduct in their own institution.

13. Fellowship grants totalling nearly \$6,000 were approved for people preparing themselves for teaching positions in the Canadian schools. Three of these grants were to previous fellows for a continuation through an additional year of study and two are new grants. Advice from educators across the country continues to indicate that teacher training fellowships are one of the greatest needs in dental education at this time.

14. Finally, it is with profound regret that the Trustees received and recommend the acceptance of the resignation of Mr. M. E. Bower as a member of the Board of Trustees. Mr. Bower has been Vice-Chairman of the Board and Chairman of the Public Information Committee since the establishment of the Fund. Without question he has been a prime driving force, responsible in a large measure for the initial and subsequent success of the Fund. While Mr. Bower will no longer be an official member of the Board of Trustees, it is gratifying to know that he has agreed to continue as a member of the Public Information Committee.

15. At the suggestion of the Canadian section of the American Dental Trade Association, the Board is pleased to nominate Mr. Charles E. Peirce as a Trustee to succeed Mr. Bower. On invitation Mr. Peirce attended the 1966 Annual Meeting, at which he demonstrated a keen interest and excellent qualities to be of service to the Fund. The Board enthusiastically presents his name to the Board of Governors of the Canadian Dental Association.

16. For your information, an audited statement for the year 1965 has been submitted to the secretary of the Canadian Dental Association. The Trustees again expressed to the Canadian Dental Association their sincere thanks for the financial support which has been given during the past year and express the wish that the Governors may find it possible to continue, and preferably augment, the measure of support which has been provided. It cannot be emphasized too strongly that the extent to which we are able to demonstrate active support of our endeavours by members of the dental profession will have a profound effect upon the extent of the support which we are able to secure from other sources.

The following resolution from the floor was moved by MacLean, seconded by Yule:

Whereas the Board of Trustees of the Canadian Fund for Dental Education regretfully has received the resignation of Mr. M. E. Bower as a trustee, and

Whereas the Board of Trustees has nominated Mr. Charles Peirce to be a trustee, therefore be it

FUND FOR DENTAL EDUCATION

Resolved that the Board of Governors of the Canadian Dental Association does hereby accept the resignation of Mr. Bower as a trustee, and be it further

Resolved that the Board of Governors of the Canadian Dental Association does hereby appoint Mr. Charles Peirce as a trustee of the Canadian Fund for Dental Education.

ADOPTED

HEADQUARTERS PROPERTY

MEMBERS: *H. W. Reid, Chairman, G. V. Fisk, J. Kreutzer, Toronto.*

REPORT

Your headquarters committee begs to report the following highlights of the year's activities to maintain your headquarters property in a high state of repair and to use the space to the best possible advantage.

1. In addition to regular maintenance, the outside of the older building and all screens and storm windows were painted by the lowest of four bidders; metal flashings on the roof were replaced; the caretaker's quarters were painted; two electric heaters were purchased for use in the board room.
2. The committee studied recommendations of the architect and the executive staff for most efficient and economical use of space in the headquarters, and sought approval of the Executive Council before proceeding with minor renovations. Optional proposals remain on file for possible future use.
3. W. H. Bosley and Company have been authorized to make a survey of the property as to value now and in the near future, advantage of owning rather than renting, possibility of building, attitude that should be taken if other properties come on market; in short, project our real estate position for the next five to ten years.
4. It is my wish to extend to the other members of the committee and the members of the CDA staff, especially Dr. McIntosh and Mr. Croft, my sincere thanks for their co-operation and assistance.
5. The committee hopes that members who have not visited our headquarters will do so during the 1967 national convention in Toronto.

COMMENT AND ACTION

The report of the Headquarters Property Committee is chiefly informative in character but commendation and appreciation are extended to the chairman and members of the committee for their diligence in keeping the property in a state of good repair.

Moved by Purves, Seconded by Munsie:

That the report on headquarters property be adopted.

ADOPTED

MEMBERS: *A. S. Brown, Interim Chairman, Toronto; T. B. Van de Mark, Toronto; C. Cummings, Ottawa; A. Raymond, Quebec; J. A. Pedler, Toronto; P. T. Smylski, Toronto; A. E. Swanson, Vancouver.*

REPORT

1. There were three meetings of this committee held at CDA headquarters during the year.
2. The committee dealt with approximately forty pieces of correspondence. In addition there were several pieces dealt with privately by the interim chairman.
3. This year the committee confirmed and supported the policy that the approval of hospital internship programs should be the responsibility of the Council on Education.
4. The committee has spent some time on the formation of a brochure on Hospital Services. Due to circumstances beyond our control, work on this item has been temporarily shelved. It will however be resumed as soon as possible.
5. This committee wishes to recognize the unselfish efforts of the retiring chairman, D. M. Wallace of Agincourt. We sincerely hope that his improving health will permit his reactivation in the area of hospital dentistry, a field in which his experience will be very useful.
6. To our knowledge, to date six provincial hospital services committees have been established. They have been provided with copies of our minutes.

Recommendations

7. The committee adopted the following motion:
 Whereas the activity and importance of the Hospital Services Committee has been increasing in recent years, and
 Whereas implementation of the recommendations of the Royal Commission on Health Services regarding the establishment of Departments of Dentistry in all major general hospitals as soon as possible will add still further to this trend and,
 Whereas at present the evening meetings of this committee preclude the attendance of the members resident beyond the environs of Canadian Dental Association headquarters, therefore be it
 Resolved that the Hospital Services Committee be authorized to hold a two-day meeting similar to those held by other councils and committees of the Association.

This committee will present a budget request to the treasurer to cover this conference and this committee will also consider the advisability of importing a guest expert on the subject of hospital dentistry. This committee has long felt the need for coast to coast participation and a strong liaison with various provincial committees that have already been set up.

HOSPITAL SERVICES

8. This committee feels that, in consultation with the Council on Education, a more rigid and formal policy should be developed for assessing and reassessing dental services and internships in hospitals.
9. This committee again recommends that all provinces establish provincial hospital services committees. The names of the chairmen should be made available to the CDA. These provincial committees could aid the assessment program previously mentioned.

COMMENT AND ACTION

The report of the Hospital Services Committee reflects the increasing responsibilities imposed by the growing focus of attention on dental services in hospitals.

It is emphasized that the Board does not disagree with the intent of the resolution in paragraph 7, but feels that it is too explicit.

The following alternate resolution is proposed in paragraph 7.

Resolved that, in conformity with the pattern in practice among CDA councils and committees, a meeting of the Hospital Services Committee be convened.

Moved by Brouillet, Seconded by MacIsaac:

That the report of the Hospital Services Committee be adopted as amended.

ADOPTED

MEMBERS: *J. D. Purves, Chairman, Toronto; E. R. W. Bilkey, Toronto; J. A. Fortier, Montreal; J. M. Phillips, Oshawa; H. H. Canning, Toronto; J. R. Glenny, Toronto.*

REPORT

1. The Council on Journalism have again exhibited through the Journal a successful year. The limitations imposed by inadequate finances and hence limited space do not allow the demands of the Association to be met. The solution of this problem proves to be impossible without strengthening the financial aspects of the Journal. Revenue from advertising appears to be at its upper limit, when assessed by the circulation, thus subsidization by the Association is the only other avenue open. The expansion of the 60:40 ratio of text to advertising would be predicated upon its success by the presence of additional advertising revenue.
2. The Council have submitted a brief to the Executive Council requesting a guide to the future developments of the Journal upon which the Council may plan.
3. In June 1965 Dr. Georges Pelletier undertook to fulfill the appointment as French Associate Editor. The arrangements at that time were to be surveyed at the 1966 meeting of the Board of Governors in Halifax. During the year the requirements in the field of translation became insurmountable, necessitating the Associate Editor expending time and moneys beyond the projected arrangement. The membership at large are indebted to the splendid efforts of Dr. Pelletier who as a busy practitioner sought to provide a professional responsibility to the French-speaking dentists and the Journal. For his interest, dedication and service the Council are most grateful.
4. The Council recommends that the Executive Council make the necessary arrangements with Dr. Pelletier in order that the present format of the Journal may be continued.
5. A recommendation by the Council for a readership survey necessitates temporary postponement until the arrangements with Dr. Pelletier may be completed.
6. A new arrangement with respect to the budget whereby a more accurate orientation of the Council's activities as they relate to the total activities of the Association has been effected. For example personnel, space and equipment of the headquarters are apportioned by time and cost.
7. The report of the editors appears as Appendix A.
8. As this is the final report of this Chairman of this Council, I wish to record my appreciation in being given the opportunity to become acquainted with the many facets of professional journalism. The constant co-operation of the members of Council, the Editors, the Publisher and the business manager provides a deep fraternal spirit which hopefully enhances the end product, the Journal of the Canadian Dental Association.

COMMENT AND ACTION

The report of the Council on Journalism is both informative and very enlightening. It is hoped that all members of the association will give thoughtful consideration to this report.

The Journal of the CDA continues to enjoy a high stature among professional publications, and this is undoubtedly due to the excellent services rendered by the editor Dr. F. Compton and associate editor Dr. G. Pelletier.

The retiring chairman, Dr. James D. Purves, is due a special word of praise for his diligence and patience during his term of office.

Paragraph 8 of Appendix A: The Board recognizes with grateful acknowledgement the contribution made by Dr. Pelletier and the C.D.S.P.Q.

The Board notes with pleasure that while heretofore there have appeared reports from both the English and French editors, these have now been combined into one report.

Moved by Bernier, Seconded by Edgecombe:

That the report of the Council on Journalism be adopted.

ADOPTED

Appendix A

REPORT OF THE EDITORS

1. The publication of the Journal has burgeoned into a major operation. In 1965 it entailed the printing of 85,219 Journal copies, the expenditure of \$103,944 and the acquisition of revenues amounting to \$75,614.
2. Last year the Journal published 90 articles of all categories which occupied 435 pages (Table 1). The editorial pages numbered 33½ and contained 26 individual editorials. Forty-five new text books were reviewed for the Journal by members of the profession.
3. During 1965 the Journal contained 840 printed pages, the equivalent of approximately 3,300 pages of raw typescript, every sentence, word and punctuation mark of which has to be carefully and critically read, evaluated, edited and revised as required by the editors. For every item that is published this process of intricate scrutiny is then repeated on at least two subsequent occasions prior to publication, namely at the stages of galley proof and of page proof. Additional checks and corrections are made to ensure that every bibliographic reference cited is accurate.
4. The shepherding of all types of material along the production line from the original manuscript stage to the final published product is a laborious and time-consuming process. Simply to read, at an ordinary reading pace, the 3,300 typescript pages that went into the publication of the Journal in 1965 would take approximately 110 hours or 14 8-hour man-days. This amount of time would be required for relatively rapid, uninterrupted reading with no attempt to understand or critically evaluate the material read. These 3,300 typescript pages represent only a very small fraction of the material the editors must read each year in order to produce the monthly Journal.

5. The preparation of material for publication in a dental journal has become a complex process. The time is long since past when an editor, no matter how seasoned and knowledgeable he may be, can properly evaluate all of the information that is submitted for publication. He does not like to miss something which could benefit the reader; yet he cannot afford to publish anything lacking in maturity and polish. He therefore turns to consultants of discrimination for advice and guidance concerning the merit of submitted material. Nevertheless, it is the editor who must ultimately decide on what shall be admitted to the printed page. In this he has two duties: first, to his publication; secondly, to his contributors. He must safeguard the interests of both. This requires him to exercise critical judgement and discrimination — to sort the wheat from the chaff — in the selection of material for publication. The process of selection and polishing of material is a complicated and painstaking one that often involves the referral of an article to one or more editorial consultants with particular expertise in the subject concerned. This is frequently followed by the exchange of lengthy correspondence with the author that results in one or more complete revisions of the original product before it is accepted for publication. The endeavour throughout is to present the finished product to the reader in a form that is clear, concise, logical and understandable.

6. Knowledge and information in dentistry is of no practical value unless it can be communicated effectively to those engaged in dental practice in order that they may apply it in the improvement of dental care and the advancement of public health. If they are to fulfil their rightful role the editors of a dental publication must, of course, be free to attend and participate at meetings and conferences of dental associations. They must also constantly explore and exploit new and better techniques whereby information can be more effectively conveyed to those who need it. To do so they need to establish and maintain close contact with their journalistic colleagues in other countries and participate in conferences on dental journalism and communication that are held on an international basis. Unfortunately, the size of the editorial staff is too small to permit its members to engage in these diverse activities to the extent that they should. The editors are now working at or close to the limits of their capacity to carry out the bare essentials demanded of them if the quality of the Journal is to be sustained, let alone improved. Moreover, there seems to be no margin of safety for taking care of eventualities such as illness, holidays or other interferences with the work.

7. The Canadian centennial and the 100th anniversary of organized dentistry in Canada, two rapidly approaching landmarks that should be chronicled in the pages of the Journal, serve to underscore our predicament. With the editors fully occupied in the routine task involved in publication of the Journal, the development of new projects and further improvements is becoming increasingly difficult and onerous. That these ideals may not be achieved in our present circumstances in no way detracts from the thesis that they must be striven for.

8. Pursuant to the action taken by the Council on Journalism, the Executive Council and the Board of Governors at the Association's 64th annual meeting,

Dr. Georges Pelletier of Montreal was appointed as associate French editor in June of last year. In a companion action the Board approved a revision of the budget of the Council on Journalism to permit the employment of Dr. Pelletier and of a part-time secretary. This arrangement was to be reviewed prior to the 65th annual meeting. Dr. Pelletier's initial participation was, unfortunately, hampered by a prolonged postal strike which disrupted the normal channels of communication between Montreal and Toronto for almost four weeks. Once contact had been restored, Dr. Pelletier entered fully into the work of the Journal with results that have been evident during the past 10 months. It soon became apparent, however, that the volume of work in connection with the French content exceeded the capacity of Dr. Pelletier's part-time secretary and the time that he himself could devote to the Journal. Dr. Pelletier therefore felt obliged to seek the additional services of a commercial translator. The Council on Journalism, guided by the decision and budgetary limitations stipulated (for a one year trial basis) by the Board of Governors, was not in a position to recommend payment to Dr. Pelletier for this additional expense. Fortunately, the College of Dental Surgeons of the Province of Quebec stepped into the breach and allocated an interim grant of \$125 a month to defray Dr. Pelletier's translation expenses until July. This generous action was followed by a further announcement on March 4 when the College made known the intention to increase its grant to the Canadian Dental Association to the level of \$40 per capita effective this July. By this action the College will provide a very welcome addition to the Association's general revenue. Diluted by the many demands of varied Association activities, this new revenue is likely to have only a salutary effect upon the financial health of the Journal which remains a source of serious concern for the editors.

9. Prior to 1964 French content of the Journal was confined to a separate 16 page section at the back of each issue. That year the Board of Governors instructed the editors to merge English and French editorial matter. The French language has since become an integral part of every issue. This treatment reflects not only a desire to please those who prefer to read or express themselves in French; it also accords recognition to the fact that integrated editorial content enhances the value of the Journal. Consequently, the French editor is no longer simply the custodian of a small, isolated segment of the Journal. He has become in every sense the associate of the editor and a valued member of the team that produced the entire Journal. Dr. Pelletier has thereby strengthened the link between the Association and its French speaking members wherever they reside. His duties have required him to become fully conversant with everything that transpires at CDA headquarters and to maintain close contact with the editorial department in Toronto. This process of communication entails much correspondence, close scrutiny of dental publications from all parts of the world, the reading of all Association reports, and attendance at conferences and meetings. These duties are just as essential as the routine assignments associated with the handling and processing of French editorial material which alone represents 24 per cent of Journal content (Table 2). Dr. Pelletier composes monthly editorials, reviews all submitted original French articles, negotiates with authors, prepares news items that originate from French Canada, and seeks new textbooks that should

be reviewed in the French language. He supervises the translation of news items, reports, texts from CDA convention panel presentations and summaries of English articles. He also checks all French copy at the galley proof stage, attends to personal correspondence with authors and readers, and submits a monthly statement of his expenses to CDA headquarters. In these manifold tasks he is assisted by a part-time secretary and a part-time translator. The secretary is employed with the understanding that she works for 20 hours a week at a salary determined by the prevailing hourly rate in Montreal. (Over-time work has been the rule rather than the exception during the past few months.) The translator is a high school teacher who handles translation for the Journal during his spare time. The volume of translation ranges from 3,000 to 5,000 words per month. For this service the Journal is charged \$125 a month or roughly three cents a word — a fee which is much below the prevailing rates for this type of work in Montreal. Apart from the acquisitions of some necessary office equipment there have been no other expenditures (except petty cash) on behalf of the French content since all work in this connection is conducted in the respective homes of the associate editor, his secretary and his translator.

10. Dr. Pelletier has agreed to remain in office until June 1967. Nevertheless, he wishes to reiterate that the burden of his work lays claim to a greater share of time than can ordinarily be devoted to this task by a full-time practitioner.

11. It is a matter of importance to the financial health of the Association that careful management of the Journal's business affairs be exercised at all times. The financial condition of the Journal is, however, considerably affected by conditions which are beyond our control. Advertising income and production costs provide an example of this (Table 2). Fluctuating advertising income and rising printing costs, which produced gross profits during the past four years, are expected to yield a deficit this year and only a very modest profit in 1967. Net results, reflecting the additional impact of administrative expenses in Toronto and Montreal, can only be estimated from 1965 onward because such expenses were formerly excluded from Journal budgets. Cost control can only be applied to the production component of our operation. Past effort in this direction produced consecutive gross profits during 1962-5. However, a recent increase in printing charges coupled with a deteriorating outlook for advertising revenue threaten to reverse this trend in 1966 (Table 2). That this may necessitate a substantial reduction in the number of printed pages with corresponding limitation of editorial content is a matter of concern to the editors.

12. We again acknowledge with sincere gratitude the innumerable and indispensable services provided by our consultants and by a faithful regiment of voluntary contributors to the various departments of the Journal.

All of which is respectfully submitted.

Georges Pelletier, *Associate Editor*
F. H. Compton, *Editor*

TABLE 1.
Content of the Journal of the Canadian Dental Association during 1965

FEATURES	ITEMS			PAGES		
	Eng.	Fr.	Com- bined	Eng.	Fr.	Com- bined
Original articles	52	14	66	344½	69½	414
Special contributions	2	1	3	10	2	12
Annotations	21		21	9¼		9¼
Abstracts	13		13	4¾		4¾
Editorials	20	6	26	24¼	9¼	33½
Bureau-Committee- Council reports	6	5	11	15	10	25
News				153	89	242
Correspondence	37	2	39	19¾	¾	20½
Book reviews	38	7	45	17½	4½	22
Death notices				12		12
Additions to the library				5		5
Conventions				5	5	10
CDA Retirement Savings Plan				4	4	8
Income Tax	1		1	4		4
Special reports	1	1	2	3	3	6
Annual index				9	3	12
Total editorial matter				640	200	840

TABLE 2.
Financial performance of the Journal of the Canadian Dental Association

	1962 Actual	1963 Actual	1964 Actual	1965 Actual	1966 Estimated	1967 Estimated
Revenue:						
Advertising, subscriptions	61,326	69,758	67,746	75,614	69,300	74,300
Expenses:						
Production, commissions	59,923	64,834	64,091	70,994	71,450	73,650
Gross profit (loss)	1,403	4,924	3,655	4,620	(2,150)	650
Administration cost				32,950	36,710	40,480
Net profit (loss)				(28,330)	(38,860)	(39,830)

MEMBERS: *A. H. Crowson, Chairman, Ottawa; J. B. Rumberg, Winnipeg; J. A. Whyte, Ottawa.*

REPORT

1. Registrars of all corporate members have provided this council with information concerning legislative changes in their respective provinces which have occurred since the last annual meeting of the CDA. These changes are summarized in this report.

2. The dentistry act of Nova Scotia has been amended so that holders of the Bachelor of Dental Surgery degree from recognized universities within the United Kingdom, Australia and New Zealand are eligible to sit for the licensing examination.

3. It is now possible to adjust the fluoride content of public water supplies in New Brunswick. The provincial government has amended its health act to permit fluoridation by action of municipal councils or by plebiscites.

4. The College of Dental Surgeons of the Province of Quebec has amended by-laws to increase its annual dues to \$100 from \$75, effective July 1, 1966. At the same time, the College grant to the Canadian Dental Association will change to the basis of \$40 per member in good standing.

5. The Royal College of Dental Surgeons of Ontario has submitted a major revision of the Dentistry Act to the legislature. No action was reported by the time this report was prepared. Beginning in 1967, the annual licence fee for Ontario dentists will be \$125, up from \$75.

6. The Public Health Act in Alberta has been amended so that, in fluoridation plebiscites, a simple majority in favour is sufficient to institute this measure. Formerly, provincial law required a two-thirds majority in municipal plebiscites.

7. The efforts of the dental mechanics for permission to deal directly with the public have now spread eastward. Since the time factor dictates urgent attention to this latest insurgence it is suggested that advantage be taken of the experiences of the western provinces and the procedures they have taken in these matters, such as:

(a) Having individual dentists approach their respective members of the Legislature to present in person organized dentistry's viewpoint towards the provision of dental services including the construction of dentures by unqualified persons. In this respect the Legislative Council of the College of Dental Surgeons of British Columbia have recently organized a most efficient program which might well be considered by the other provincial boards.

(b) The setting up of denture clinics where dentures could be constructed at lower cost to the patient, since one of the dental mechanics' main arguments in their approach to legislative bodies is their claim that the cost of prosthetic appliances as provided by the dentist is prohibitive to the low income individual.

(c) A study of the excellent reports of the Auxiliary Services Committee as contained in the annual Transactions of the CDA for the past few years

LEGISLATION

could also be of assistance in formulating long-range plans to counter the demands of the dental mechanics based on the situation that exists in each individual province.

(d) Recognition of the fact that the ethical technician is a necessary part of the complete dental team, and an improved dentist-technician relationship is essential if we, as dentists, are to build up mutual respect and cooperation.

(e) Federally, preparations should now be made by the council to set up machinery so that every member of Parliament may be contacted by individual dentists at the appropriate time.

8. This chairman was privileged to attend the annual conference of the provincial secretaries held in Toronto last November and to discuss with them various aspects with respect to legislation in their respective provinces.

9. This council again acknowledges with thanks the regular receipt of the bulletins of the Council on Legislation of the American Dental Association.

10. Sincere thanks to all provincial registrars, the secretary and the deputy secretary of the CDA for their invaluable assistance in preparing this report.

11. The following action is recommended:

(a) That the corporate members be requested to collate information useful in the presentation of the profession's viewpoint.

(b) That this information be brought to the attention of the public, government, and legislators by every possible means.

(c) That the corporate members be requested to study the desirability and practicability of establishing denture clinics.

(d) That this council carry out a similar information program at the federal level.

COMMENT AND ACTION

This report presents an informative summary of legislation and changes affecting dentistry during the past year. It also sounds a note of warning about the spread eastward of the efforts of dental mechanics to deal directly with the public. The report suggests action that might be taken to combat this danger.

The following resolution is offered:

Whereas the Council on Legislation is deeply concerned over the efforts being made by dental mechanics to secure the legal right to deal directly with the public, therefore be it

Resolved that the corporate members be requested to collate information useful in the presentation of the profession's viewpoint, and

That this information be brought to the attention of the public, government, and legislators by every possible means, and

That the corporate members be requested to study the desirability and practicability of establishing denture clinics, and

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That the Council on Legislation carry out a similar information program at the federal level.

ADOPTED

Appreciation is expressed to the chairman and members of the Council on Legislation for their continuing hard work and it is again strongly urged that provincial bodies and indeed all dentists report promptly to the Council any and all proposed or pending legislation affecting dentistry.

Moved by Mussells, Seconded by English:

That the report of the Council on Legislation be adopted as amended.

ADOPTED

TRUSTEES: *E. R. Bilkey, Toronto; P. S. Christie, Halifax; W. G. McIntosh, Toronto. Librarian: Miss Colette Gagnon.*

REPORT

1. Last year the library grew to over 4,200 volumes with the acquisition of 125 new textbooks, 59 bound periodicals, four new periodicals, and 15 new bulletins and newsletters.
2. Over 100 issues of different periodicals were received through the Medical Library Association Exchange.
3. Several valuable gifts of books have been received from members of the association. Among them is a collection of 48 old textbooks from past president S. W. Bradley of Ottawa. In addition, 331 old dental textbooks were sent by dental libraries of Toronto, Manitoba, Alberta, British Columbia, and North-western universities, and from the American Dental Association and St. Joseph Hospital, Sudbury.
4. Circulation of books increased 24 per cent over the previous year.

COMMENT AND ACTION

The report of the Library Committee is very informative and shows a gratifying increase in the use of the Library. It is felt that this is due largely to the work of the Librarian, whose efforts are appreciated.

The Board recommends that a page be included in the Journal once a year outlining the procedure to be used in obtaining books from the Library. Information could also be included on how and from whom educational films might be obtained.

Moved by Yule, Seconded by Bruce:
That the report on the Library be adopted.

ADOPTED

MEMBERS: *F. H. Compton, Chairman, Toronto; W. R. Upton, Vancouver; G. E. Decker, Edmonton; F. R. Smith, Saskatoon; W. G. Campbell, Winnipeg; K. F. Pownall, Toronto; R. M. LeBlanc, Montreal; M. J. Crompton, Moncton; G. M. Dewis, Halifax; G. D. Barrett, Charlottetown; G. P. French, St. John's.*

REPORT

We regretfully record the death of the following members since the last annual meeting of the Canadian Dental Association. We pay tribute for the contributions they have made toward the advancement of the profession and their service to the public.

Allen, Henry S., (Harry)—Baltimore College '13	Summerside, P.E.I.
Amy, Wilmor Bertrand T.—R.C.D.S. 1900	Toronto, Ont.
Angus, Andrew Douglas—Bishop's College '01	Montréal, Qué.
Avery, Clarence Hambly—R.C.D.S. '20	Toronto, Ont.
Boulet, Maurice—U. of Montréal '38	Montréal, Qué.
Bray, George Herbert—R.C.D.S. '05	Morden, Man.
Brightman, Arthur Alvin—U. of T. '40	Toronto, Ont.
Brimacombe, James Kennedy—Northwestern U. '11	Victoria, B.C.
(Formerly Weyburn, Sask.)	
Brown, Henry T.—McGill '24	Upper Melbourne, Qué.
(Formerly Westmount)	
Bryant, Edward George—North Pacific '25	Chemainus, B.C.
	Winnipeg, Man.
Canning, Oscar Wellington—R.C.D.S. '12	Toronto, Ont.
Cashin, Herman Joseph—Dalhousie U. '58	Halifax, N.S.
Chalmers, William Logan—R.C.D.S. '08	Toronto, Ont.
Clayton, Cecil John—R.C.D.S. '24	Victoria, B.C.
Cole, L. Olive—Northwestern U. '17	Middlechurch, Man.
(Formerly Winnipeg)	
Coleman, Thelma Lenore—U. of T. '26	Toronto, Ont.
Connell, James Lorne—R.C.D.S. '24	Prince Albert, Sask.
Corrigan, Charles Arthur—R.C.D.S. '04	Toronto, Ont.
Cote, Louis Julius—U. of T. '32	Ottawa, Ont.
Craig, Colin Hubert—Baltimore College '06	Amherst, N.S.
Craig, William P.—Northwestern U. '03	Lethbridge, Alta.
Drewry, Frederick Robert—R.C.D.S. '18	Cobourg, Ont.
Ducharme, Athanase—U. of Montréal '46	St. Ambroise de Kildare, Qué.
Duff, John Carl—R.C.D.S. '21	Amherst View, Ont.
Eaton, Cameron Leroy—R.C.D.S. '11	Toronto, Ont.
Evon, William J.—U. of T. '60	Toronto, Ont.
Faulkner, Alden West—Dalhousie '12	Halifax, N.S.
Fenner, George Llewellyn—Schl. Dent., Detroit	
College of Medicine '05	Warwick, Ont.
Ferguson, John Douglas—U. of T. '34	Ottawa, Ont.
Finigan, Malcolm Daley—Dalhousie '21	Amherst, N.S.

NECROLOGY

Fiszhaut, S.—Tufts College Dental School '51	Vancouver, B.C.
Fralick, Royal Foster—R.C.D.S. '20	(Formerly Toronto) Port Perry, Ont.
Fraser, Findlay Cecil—R.C.D.S. '14	Sudbury, Ont.
Freir, Donald Rankin—U. of T. '28	Niagara Falls, Ont.
Glasgow, F. W.—R.C.D.S. '98 (Formerly Winnipeg)	British Columbia
Graham, Joseph Robert—R.C.D.S. '23	Salmon Arm, B.C.
Grant, Harry Robinson—North Pacific '23	Vancouver, B.C.
Hennigar, Ralph Emerson—Dalhousie	Chester, N.S.
Hinds, Arthur Oswald—R.C.D.S. '15	Gore Bay, Ont.
Hoskin, Hugh Alexander—R.C.D.S. '04	Cold Springs, Ont.
Hutt, Simon Herbert—R.C.D.S. '10	Chesterville, Ont.
Laferriere, Albert—U. of Montréal '26	Montréal, Qué.
Laroche, Jules Guy—U. of Montréal '50	Portland, Maine
Laurin, Earl Mitchel—McGill '21	Dorval, Que.
LeBlanc, Jules A.—Tuft's College '16	Caraquet, N.B.
Leuty, Henry Douglas—R.C.D.S. '18	Toronto, Ont.
Linscott, Bradley Wills—R.C.D.S. '06	Brantford, Ont.
Longley, Joseph Edward—R.C.D.S. '24	St. Catharines, Ont.
Lundy, John Beldon—R.C.D.S. '05	Port Perry, Ont.
Lymburner, Willis Chauncery—R.C.D.S. '16	Smithville, Ont.
MacKay, George Chisholm—R.C.D.S. '24	Mimico, Ont.
MacLean, Duncan—R.C.D.S. '13	Sydney, N.S.
MacPherson, Alexander D.—R.C.D.S. '13	(Formerly Waterford) Port Dover, Ont.
Majeau, Omer—U. of Montréal '29	Montréal, Qué.
Mann, Frederick George—Baltimore College Dent.	(Formerly Halifax) St. Stephen, N.B.
Marquis, Gratien—U. of Montréal '50	Price, Qué.
Marquis, Walter Alexander—Act. Prov. Man. '17	Winnipeg, Man.
Marshall, Earl—R.C.D.S. '21	Ottawa, Ont.
McCaffery, Hugh Michael—U. of T. '28	Edmonton, Alta.
McCann, Herbert John—R.C.D.S. '19	Toronto, Ont.
McCurry, Francis Joseph, Sr.—U. of T. '35	Toronto, Ont.
McDonald, James William—R.C.D.S. '15	Toronto, Ont.
McDowell, Kenneth—R.C.D.S. '17	Renfrew, Ont.
McKenzie, Geo. G.—Washington U. (Missouri) '28	West Vancouver, B.C.
McVicar, Gordon Davey—R.C.D.S. '25	Toronto, Ont.
Morin, Roger—U. of Montréal '49	St. Charles de Bellechase, Qué.
Nesbitt, Percy Lyness—R.C.D.S. '17	Ottawa, Ont.
Pickering, Walter Henry—North Pacific '18	Vancouver, B.C.
Plourde, Edouard—Laval '18 (Formerly Montréal)	Toronto, Ont.
Ratelle, Leo—U. of Montréal '36	Montréal, Qué.
Reddin, James Dickson—Dalhousie '33	Mount Stewart, P.E.I.
Reibin, Peter P.—Oregon '48	Nelson, B.C.
Reinhorn, John Edwin—Oregon '28	Regina, Sask.
Rickard, Howard Blake—R.C.D.S. '08	Port Colborne, Ont.
Rondeau, G. Martin—U. of Montréal '26	Westmount, Qué.

Rooney, Joseph Waldemar—McGill '18	Québec City, Qué.
Roy, Charles Edmond—U. of Montréal '47	Disraeli, Qué.
Rudell, Matthew John—R.C.D.S. '12	Guelph, Ont.
Ryan, Laurence Nicholson—R.C.D.S. '21	Bracebridge, Ont.
Smith, B. J. K.—U. of T. '40	Perth, Australia
Smith, Percy St. Clair—R.C.D.S. '96	Toronto, Ont.
Sparkes, Ernest Bland—R.C.D.S. '06	Amherst View, Ont.
Stewart, Robert J.—U. of T. '26	Vancouver, B.C.
Walsh, Arthur Lambert—McGill '20	Montréal, Qué.
Wood, Herman B.—Baltimore Med. College '12	Brentwood Bay, B.C.
	(Formerly Edmonton, Alta.)
Wright, Roy Arthur—R.C.D.S. '19	Toronto, Ont.

NOMINATIONS

MEMBERS: *J. P. Coupland, Chairman, Ottawa; R. O. Brett, Regina; A. H. Leckie, Hamilton; L. Bernier, Quebec.*

REPORT

1. The Nominations Committee submits for Board approval the following names for election to three-year terms of office. As you know, additional nominations may be made from the floor.

Executive Council:	H. Brouillet, Montreal	*1967 (1)
	O. J. Yule, Toronto	1969 (1)
Council on Constitution and By-laws:	J. P. Whyte, Swift Current	1969 (2)
	Remy Langlois, Quebec	1969 (1)
Council on Education:	W. J. Dunn, London	1969 (1)
	W. C. Deacon, Ottawa	1969 (1)
Council on Ethics:	H. N. Beach, Ottawa, Chairman	1967 (2)
	J. M. Darcy, St. John's	1969 (1)
Council on Journalism:	J. M. Phillips, Oshawa, Chair.	1968 (2)
	Roger Coulombe, Lachine	1969 (1)
	K. I. Levinson, Toronto	1969 (1)
Council on Legislation:	M. M. Derrick, Ottawa	1969 (1)
Council on Public Health:	D. J. Yeo, Vancouver	1969 (2)
	N. J. Layton, Truro	1969 (1)
Council on Research:	R. M. Grainger, Toronto, Chair.	1967 (1)
	R. H. Bingham, Halifax	1969 (2)
	R. V. Blackmore, Edmonton	1969 (2)
	L. E. Francis, Montreal	1969 (1)
	Z. Kaslof, Winnipeg	1969 (1)
	D. S. Moore, London	1969 (1)
Auxiliary Services Committee:	M. Nacht, Vancouver	1969 (2)
Dental Services Committee:	H. G. Pettapiece, Parksville, Chairman	1967 (2)
	P. E. Currie, London	*1968 (2)
	A. H. Ervin, Dartmouth	*1968 (2)
	Gunnar Lie, Toronto	1969 (1)
	Henri Hamel, Quebec	1969 (1)
Headquarters Property Committee:	G. V. Fisk, Toronto, Chairman	1967 (2)
	R. A. Clappison, Toronto	1969 (1)
Hospital Services Committee:	A. S. Brown, Toronto, Chairman	1967 (2)
	F. E. Dawe, St. Catharines	*1968 (2)
	J. C. Cummings, Ottawa	1969 (2)
	A. Raymond, Montreal	1969 (2)
	A. J. Harris, London	1969 (1)
Specialist and Specialization Committee:	O. J. Yule, Toronto, Chairman	1969 (1)
	D. G. Woodside, Toronto	1969 (1)
	C. D. Torneck, Toronto	1969 (1)
	R. L. Twible, Toronto	*1968 (1)

2. The Nominations Committee takes pleasure in nominating, as President-elect, Wesley P. Munsie of Vancouver.
3. The committee takes this opportunity to express the Association's appreciation of their services to the following members who are retiring from councils and committees this year: J. M. Chamard, A. G. Racey, J. W. Neilson, J. P. McGuigan, J. D. Purves, E. R. Bilkey, J. Rumberg, B. J. O'Meara, K. J. Paynter, D. L. Anderson, H. J. MacConnachie, H. W. Reid, D. M. Wallace, T. B. Van de Mark, M. A. Rogers, H. T. Oliver, L. Lepine, D. J. Munro, S. Silver, J. Belanger, R. O. Brett.
4. The complete list of elective officers and members of councils and committees will be published in *Transactions* as an appendix to this report.
5. It is moved by the chairman and seconded by W. G. Bruce that the report of the Nominations Committee be adopted.

ADOPTED

On nomination from the floor, James Zimmerman was elected to the Nominations Committee. Membership is as follows:

W. P. Munsie, Vancouver, Chairman	1967
A. H. Leckie, Hamilton	1967 (1)
Louis Bernier, Quebec	1968 (1)
James Zimmerman, Calgary	1969 (1)

Note: The figure (1) or (2) indicates first or second term ending in the year shown. An asterisk signifies a substitute to complete the unfinished portion of the term of a member who has resigned.

Appendix A

OFFICERS, COUNCILS, COMMITTEES, 1966-67

President	— James P. Coupland, Ottawa	
President-elect	— Wesley P. Munsie, Vancouver	
Immediate Past President	— Philip S. Christie, Halifax	
<i>Councils</i>		
Executive	— J. P. Coupland, Ottawa, Chairman	
	— P. S. Christie, Halifax	
	— W. P. Munsie, Vancouver	
	— H. Brouillet, Montreal	*1967 (1)
	— W. G. Bruce, Kincardine	1968 (1)
	— H. R. MacLean, Edmonton	1968 (1)
	— O. J. Yule, Toronto	1969 (1)
Constitution and By-laws	— H. M. Cline, Vancouver,	
	Chairman	1967 (2)
	— M. V. J. Keenan, Sudbury	1968 (1)
	— J. P. Whyte, Swift Current	1969 (2)

NOMINATIONS

	— Remy Langlois, Quebec	1969 (1)
Education	— J. McCutcheon, Montreal,	
	Chairman	1967 (2)
	— S. W. Leung, Vancouver	1967 (1)
	— R. V. Blackmore, Edmonton	1968 (1)
	— R. B. De Ware, Moncton	1968 (1)
	— W. J. Dunn, London	1969 (1)
	— W. C. Deacon, Ottawa	1969 (1)
Ethics	— H. N. Beach, Ottawa, Chairman	1967 (2)
	— R. J. McCarten, Winnipeg	1967 (2)
	— E. F. Dexter, Halifax	1968 (2)
	— L. I. Duffy, Charlottetown	1968 (2)
	— J. M. Darcy, St. John's	1969 (1)
Journalism	— J. M. Phillips, Oshawa,	
	Chairman	1968 (2)
	— J. A. Fortier, Montreal	1967 (2)
	— H. H. Canning, Toronto	1967 (1)
	— J. R. Glenney, Toronto	1968 (1)
	— Roger Coulombe, Lachine	1969 (1)
Legislation	— K. I. Levinson, Toronto	1969 (1)
	— A. H. Crowson, Ottawa,	
	Chairman	1967 (2)
	— J. A. Whyte, Ottawa	1968 (1)
Public Health	— M. M. Derrick, Ottawa	1969 (1)
	— A. R. S. Gray, Calgary,	
	Chairman	1967 (2)
	— K. W. Davey, Toronto	1968 (1)
	— Yves Lafleur, St. Hyacinthe	1968 (1)
	— D. J. Yeo, Vancouver	1969 (2)
	— N. J. Layton, Truro	1969 (1)
	— Advisory members: chairmen of provincial public health committees.	
Research	— R. M. Grainger, Toronto,	
	Chairman	1967 (1)
	— G. H. Beaton, Toronto	1967 (1)
	— W. R. Bruce, Toronto	1967 (2)
	— H. S. Grey, Toronto	1967 (2)
	— J. D. Spouge, Vancouver	1967 (2)
	— D. C. Teskey, Toronto	1968 (2)
	— M. C. Johnston, Toronto	1968 (1)
	— H. G. Poyton, Toronto	1968 (1)
	— A. Demerjian, Montreal	1968 (1)
	— J. F. Cleall, Winnipeg	1968 (1)
	— R. H. Bingham, Halifax	1969 (2)
	— R. V. Blackmore, Edmonton	1969 (2)
	— L. E. Francis, Montreal	1969 (1)

NOMINATIONS

	— Z. Kasloff, Winnipeg	1969 (1)
	— D. S. Moore, London	1969 (1)
<i>Committees:</i>		
Auxiliary Services	— G. C. Swan, Calgary, Chairman	1967 (2)
	— L. P. Dubé, Quebec	1967 (1)
	— E. Downton, Toronto	1968 (2)
	— M. Jackson, Toronto	1968 (1)
	— M. Nacht, Vancouver	1969 (2)
Dental Services	— H. G. Pettapiece, Parksville, Chairman	1967 (2)
	— B. M. McKenzie, Edmonton	1967 (2)
	— J. Carefoot, Ajax	1967 (1)
	— P. E. Currie, London	*1968 (2)
	— A. H. Ervin, Dartmouth	*1968 (2)
	— Gunnar Lie, Toronto	1969 (1)
	— Henri Hamel, Quebec	1969 (1)
	— Advisory members: Chairmen of provincial dental services commit- tees.	
Headquarters Property	— G. V. Fisk, Toronto, Chairman	1967 (2)
	— J. Kreutzer, Toronto	1968 (1)
	— R. A. Clappison, Toronto	1969 (1)
Hospital Services	— A. S. Brown, Toronto, Chairman	1967 (2)
	— J. A. Pedler, Toronto	1967 (1)
	— F. E. Dawe, St. Catharines	*1968 (2)
	— P. T. Smylski, Toronto	1968 (1)
	— A. E. Swanson, Vancouver	1968 (1)
	— J. C. Cummings, Ottawa	1969 (2)
	— A. Raymond, Montreal	1969 (2)
	— A. J. Harris, London	1969 (1)
Specialists and Specialization	— O. J. Yule, Toronto, Chairman	1969 (1)
	— D. G. Woodside, Toronto	1969 (1)
	— J. D. Stewart, Montreal	1968 (1)
	— R. L. Scott, Brantford	1968 (1)
	— R. L. Twible, Toronto	*1968 (1)
	— J. J. McCarthy, Montreal	1967 (2)
	— C. D. Torneck, Toronto	1969 (1)

EXECUTIVE: *A. E. Hoffman, President, Halifax; D. H. MacDonald, President-elect and Secretary-Treasurer, Toronto.*

REPORT

1. The twelfth annual meeting of the Canadian Society of Oral Surgeons was held in the Chateau Frontenac Hotel, Quebec City, on May 31 and June 1, 1965, with the president Dr. A. Charest in the chair.
2. Present were 16 members, several guests and some oral surgeons from Australia.
3. Case reports were presented by:
 - Dr. Slapcoff — Epidermoid Carcinoma
 - Dr. Gornitsky — Malignant Muco-epidermoid tumour of salivary gland
 - Dr. Millar — Squamous cell carcinoma
 - Dr. McCarthy — Muco-epidermoid carcinomaPapers were presented by:
 - Dr. James Smith, Danville, guest lecturer
— Malignant tumours and oro-antral fistulae
 - Dr. Charest — Multiple fractures of the face
 - Mr. Anderson, Squibb Co. — Bovine bone preparations for grafts
 - Dr. Donohue — Giant cell sarcoma
4. Dr. Coupland reported CDA activity encouraging on insurance questions. (See 1964 CDA reports.)
5. A report was given on the progress of the Royal College that satisfactory progress was being made and conditions for membership would be forthcoming.
6. Two new members were elected and two deferred because of absence from the meeting. It was moved and passed that requirements of three years exclusive oral surgery practice and submission of 5 case reports of unusual interest be retained for prospective membership and that each candidate would be interviewed at the meeting by three members.
7. A motion was put to the membership that a meeting be held to study ways and means of increasing the strength and virility of our organization. It was noted that attendance had been at times very low, certainly not in keeping with the high calibre of the scientific sessions.
8. It was moved and passed that the president be reimbursed for part of the cost of hospitality to members while the meeting is in his city. It was felt that these informal sessions often solved more problems than the regular program could do.
9. The financial statement was presented by the Secretary-treasurer and showed a bank balance of \$3796.38 and Hydro Bonds of the value of \$1955.00 for a total of \$5751.38.

10. Executive nominating committee report:

President: A. E. Hoffman

President-elect and Secretary-Treasurer: D. H. MacDonald

Councillors: W. B. Donohue

Paul Luxford

A. Raymond

11. Next meeting to be held in Halifax in conjunction with the CDA on June 13-14, 1966.

COMMENT AND ACTION

The report on Oral Surgery is completely informative, and is noted with interest.

Moved by Eaton, Seconded by Coupland:

That the report of the Oral Surgery Section be adopted.

ADOPTED

EXECUTIVE: *W. O. Mulligan, President, Saint John; R. Leuty, President-elect, Toronto; J. J. Schachter, Secretary-Treasurer, Saskatoon.*

REPORT

1. The annual meeting of the Canadian Society of Orthodontists was held in the Chateau Frontenac Hotel, Quebec City, June 1st and 2nd, 1965.
2. Five new members were accepted for membership, raising our total to 126. Two honorary memberships were bestowed on Drs. W. W. Woodbury, and P. S. Christie, both of Halifax, N.S. Dr. Christie is President of the CDA, 1966, and Dr. Woodbury is Past President of the CDA, 1945.
3. The George Wellington Grieve Lecturer was Dr. H. Margolis of Boston. Dr. Margolis' lecture was well received by the members, and at its conclusion, he was presented with a beautifully inscribed certificate.
4. The scientific sessions of the society were held May 31-June 2nd. The three clinicians were Dr. H. I. Margolis, Dr. Z. Mezl and Dr. R. A. Rocke. An unusually large number of members attended these sessions, indicating our scientific sessions were attracting a considerable number of men.
5. The 1966 annual meeting will be held in Halifax, N.S., June 12th to 15th, 1966.
6. The chairman for the 1967 meeting was chosen so that his committee might plan for the 1967 centennial program which is to be held in Toronto.
7. The George Wellington Grieve Lecturer for 1966 will be:
Dr. George M. Anderson, Baltimore, Md.
8. The scientific session will be held June 13-15; the clinicians are Dr. George M. Anderson and Dr. Jacob D. Subtelny.
9. Program Chairman for the Society in Halifax will be Dr. T. E. Spracklin.

COMMENT AND ACTION

The report is wholly informative, and was received with interest.

Moved by Peters, Seconded by Eaton:

That the report of the Orthodontic Section be adopted.

ADOPTED

EXECUTIVE: *R. F. Harvey, President, Montreal; D. L. Anderson, President-elect, Hamilton; J. E. Speck, Secretary-Treasurer, Toronto.*

REPORT

1. The last meeting of the Academy was held in Quebec City on the 31st of May and the 1st of June 1965. Seventeen active and ten associate members were present.

2. Papers presented at the scientific sessions were as follows:

Dr. Lyman Francis — Drugs and their Effect on Oral Structures

Dr. Robert Johnson — Oral Differential Diagnosis

Dr. Jack Dale — Bone Resorption, Tissue Response to Tooth Movement; and Temporomandibular Joint

Dr. Wally Walford — Periodontia and the Diabetic

Dr. Anders Bennick — Some Aspects of Recent Advances in Synthesis and Breakdown of Collagen

All presentations were both stimulating and informative and were very well received.

3. At the business meeting, the following matters were discussed:

(a) 1966 Annual Meeting. As very few members indicated that they would be able to attend the CDA Annual Meeting in Halifax in 1966, it was decided to write all the active members. This was subsequently done and unfortunately it was found that only five members could attend; as this would not constitute a quorum, the majority decided to hold our meeting in Montreal for two days on the 6th and 7th of May, 1966. It was with regret that this Academy had to come to this decision but it is obviously due to the fact that our active members are few in number and spread all across Canada; it would seem that this problem could again arise in the future until the time comes when there are more Periodontists in Canada.

(b) A booklet entitled "Periodontal Disease — Why Does it Happen?" published by the Department of National Health and Welfare was discussed at great length. The majority felt that the booklet could have been improved upon considerably and the Department of National Health and Welfare was notified that we would be very interested in helping them in the future to prepare a new public health booklet on the subject should they so desire. If this offer was not accepted, it was felt that we should then study the possibility of preparing such a booklet ourselves with the possible assistance of the Canadian Dental Association.

(c) A letter of resignation from Dr. W. G. McIntosh was accepted with regret; upon the unanimous approval of the Academy, Dr. W. G. McIntosh was voted an Honorary Member. A formal presentation was made to him at the annual meeting in Montreal, 1966.

(d) At the present time there are 35 active members, 1 honorary member and 37 associate members of the Academy. During this past year, 12 new applications for active and 5 new applications for associate memberships have

PERIODONTICS

been received and accepted. It is encouraging to see the increase in numbers of Periodontists and those interested in Periodontology.

(e) It was decided that the 1967 Annual Meeting would be held in Toronto.

COMMENT AND ACTION

With regard to paragraph 3 (a) concerning this section's 1966 annual meeting, we regret this situation has arisen and feel steps should be taken for correction, especially at this time when full support of all members in the CDA is necessary.

Moved by Langlois, Seconded by Bruce:

That the report of the Periodontic Section be approved.

ADOPTED

REPORT

1. Ladies and gentlemen, it is my most pleasant privilege to welcome you to the 65th Annual Meeting of the Board of Governors of the Canadian Dental Association. I am confident that I speak for the officers and members of the Nova Scotia Dental Association, the host organization, when I extend their sincere wishes for a successful conference. The Board last met in Halifax in 1959. The expanded facilities of the Nova Scotian Hotel and of Halifax which have been effected in the meantime will, it is hoped, enhance the operation of the meeting and the pleasure of your stay in this city. It will be of interest to you that this year is the 75th anniversary of the founding of the Nova Scotia Dental Association.

Convention Committee

2. The organization for the joint convention of the Canadian Dental Association and the Nova Scotia Dental Association has been developed under the direction of the general chairman, Dr. W. B. Coleman. To Dr. Coleman and all his committee members I extend my sincere thanks for their careful and enthusiastic work.

3. The Ladies Committee has been led by Mrs. Lal Coleman and the Board of Governors Ladies Committee by Mrs. Jean Dexter. My wife, Barbara, has taken a great interest in both these committees. To these ladies and to the many that have assisted them I extend my thanks for the excellent job they have done.

Board of Governors

4. On behalf of the Board of Governors I wish to welcome six new members to the Board: Dr. J. E. Abra, representing Manitoba; Dr. D. C. Eaton, representing Nova Scotia; Dr. L. E. English, representing British Columbia; Dr. D. K. Peters, representing Newfoundland and Dr. H.L. Mussells and Dr. H. Brouillet, representing Quebec. Dr. English is the second representative of British Columbia on the Board because the dental population of British Columbia has passed the 750 mark. I congratulate British Columbia on having achieved this growth. You have been selected by your respective provincial organizations to represent them at the deliberations of this Board upon the many issues confronting our profession. We hope and expect that you will take a full part in the proceedings and that you will derive satisfaction from your discharge of this new responsibility.

5. To the retiring members of the Board I express the thanks and appreciation of the Canadian Dental Association for the capable discharge of their responsibilities. Doctors Riley and Chamard have both retired from the Executive Council and the Board after several years of valuable participation, and Dr. M. Archambault from the Board.

Councils and Committees

6. The reference committees of the Board will shortly be engaged in studying the reports of the Councils and Committees of the Association. The reports, presenting the initiatives, decisions and proposals resulting from the year's

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deliberations, will receive the thoughtful consideration which they deserve and the action taken will, as always, be directed to the advancement of the public welfare and of the profession.

7. The approximately 200 names which appear as members of councils and committees progressively change from year to year because of completion of terms or by reason of retirement. To those retiring and to those continuing I express the appreciation of the Association for their services. It is doubtful that there is general recognition of the expenditure of time and effort which membership on a council or committee entails. In particular the chairmen are noted for their energy and devotion. It is most reassuring that capable men are readily found to fill the vacancies which occur.

Royal College of Dentists of Canada

8. As reported elsewhere the provisional council of the College met at headquarters on September 16th and 17th, 1965 and elected the Council of the College in accordance with the Act.

9. There has been some unrest in the profession as to the choice of Charter Members of the College. There can be little doubt that this was inevitable and indeed inherent in the plan of organization as adopted by this Board and defined in the Act. I wish to draw to your attention and to emphasize that the objectives and aims of the College lie in the future. To be too critical of the College when it has been in existence as a functioning and autonomous unit for less than a year is to take a view of much too short range. The members of the Council are men of our choice; they are men of wisdom and stature; we gave them our confidence—let us continue to do so.

Visitations

10. Appendix A lists the dental organizations and faculties of dentistry addressed by the President and Secretary during the scheduled Eastern and Western Tours plus the Toronto and Hamilton Academies of Dentistry. In several cities television and newspaper interviews had been arranged.

11. All the societies and faculties visited gave us a most generous and hospitable welcome. Our addresses were received cordially and many of our colleagues made complimentary remarks about the contents. It is hoped that these efforts to communicate with the profession upon the attitudes of the CDA to the problems and questions before the Association will have beneficial effect.

12. A number of invitations were received which I was unable to accept. I extend my thanks to President-elect Coupland, Dean H. R. MacLean, Dr. W. G. Bruce and Dr. K. J. Paynter for representing the Association on my behalf at various functions.

A.D.A. Meeting

13. The Secretary and I, accompanied by our wives, attended the 106th Annual Meeting of the American Dental Association in Las Vegas on November 8th-11th. Many courtesies were received and both officially and personally we were extended a warm welcome. At the meetings of the House

of Delegates we were seated on the floor of the House and during the proceedings the President was accorded the privilege of addressing the House and extending the greetings of the CDA.

14. These attendances at the A.D.A. meetings provide a valuable perspective for the President and Secretary upon both the policy and the procedural level.

New A.D.A. Headquarters Building

15. The Association received an invitation to be represented at the dedication ceremonies of the new A.D.A. headquarters building in Chicago. These functions were held on February 26th and 27th, which fell halfway through the Western Tour. The Secretary and I, therefore, planned to fly into Chicago from Edmonton on the 26th and to fly to Victoria on the 28th. The Secretary was most unfortunately forced to remain in Edmonton due to a severe attack of the "flu". As a consequence, however, he was able to attend the meeting in Victoria on the evening of the 28th which I missed due to delayed flights.

16. The A.D.A. ceremonies consisted of a reception and dinner on the Saturday evening; a reception and luncheon on Sunday and the dedication ceremony proper on Sunday afternoon.

17. As C.D.A. President I was a headtable guest at both the dinner and the luncheon and was provided the opportunity at the dinner to express the greetings and felicitations of the CDA. At both these meals the list of speakers was a long one and included the following: President and Secretary, F.D.I.; President B.D.A.; President CDA; President, West German Dental Association; President, American Dental Society of Europe; representatives from the dental associations of Denmark, Mexico and various other countries and past presidents of A.D.A. who had been in office during the planning and construction of the building. I was greatly impressed by the impeccable technique and finesse displayed by President Hine in chairing these three long meetings within a period of twenty hours.

18. The new building is tall and graceful in appearance and the interior is a most impressive blend of function and beauty.

CDA Statement on the Recommendations of the Royal Commission on Health Services

19. In accordance with the directive of the Board at the 1965 meeting that the CDA statement "be transmitted to the appropriate authorities to replace the interim draft" the Secretary sought an appointment with the Minister of National Health and Welfare in order to make a formal presentation. The appointment was granted for June 23rd when the President, President-elect, Immediate Past President, and the Secretary, accompanied by Dr. Ralph Connor, Director of Dental Services in the Department, were received by the Minister. The CDA statement was presented and a verbal commentary was made on its major points. The Minister gave assurance that, *if possible*, the Association would be consulted before any action was taken regarding dentistry.

20. The Board is reminded that, during its study of the Statement last year, it was made clear that the statement should not be considered as final, fixed or unchangeable; that as time and further thought might indicate, amendments or supplements could be forwarded to the government.

21. The CDA statement recommended against establishment of a national children's dental treatment program but clearly recognized that the government might proceed to draft one. In view of this possibility the statement, in paragraphs 13-30, lays down principles which, in that eventuality, should be used as a guide. In addition a "List of Dental Services", marked to indicate those which should be included in a national children's dental treatment program, is appended to the statement. These two areas of the statement do not, of course, constitute a plan.

22. There appears to be quite general agreement among the profession that some kind of government dental plan is inevitable, and this assumption is supported by the remarks of the Honourable Allan J. MacEachen, Minister of National Health and Welfare, to the Hamilton Academy of Dentistry on April 20th. As the Secretary has pointed out in addressing societies all across the country, we seem to be in a quiet period just now, the duration of which cannot be predicted. Should it prove to be long or short it would seem to be wise to put it to use in planning for the day when government starts to move on a dental program. We have adopted principles and a list of dental services. The next step would appear to be to put these two parts together to make a practical plan which can be presented to government when the time is right. A plan of our own devising would enable us to present to government practical alternatives to features of a government plan to which we take exception. Without having worked out a plan of our own we would be in the position of either accepting what is presented or working out alternatives hurriedly and imperfectly.

Health Resources Fund

23. In July the Prime Minister announced the government's intention to establish a Health Resources Fund which would provide capital for the construction and equipment of medical schools, research institutes and teaching hospitals. No mention was made in this announcement of dental schools or dental research facilities. This fact prompted the Secretary to communicate with the dental schools and the corporate members whose reaction was that steps should be taken to remedy this omission. As a consequence, on September 15th a letter (Appendix B) was sent to the Prime Minister over the President's signature requesting that dental teaching and research facilities be included in the terms of reference of the Fund. Those areas of dentistry where the Fund could be used were indicated, the list being taken verbatim from the CDA Statement. The response from the Minister of National Health and Welfare stated that an ad hoc committee on the Health Resources Fund was to be set up and that a representative of CDA would be seated. A second letter asked for the name of our representative and set the date of the meeting for October 21st and 22nd. I appointed Dean J. D. McLean as our representative and, after ten days of strenuous effort gathering material, he appeared at the meeting. Dean McLean presented our interest vigorously and effectively

and we are indebted to him for exploiting so well this new opportunity for dentistry.

24. The ad hoc committee recommended that it be succeeded by a technical committee to administer the Fund upon which, along with the medical schools' association, the hospital association, etc., dentistry should have a representative. The Council of Provincial Health Ministers rejected this recommendation and decided upon a committee composed of the Ministers of Health. This decision leaves the health professions without a direct voice at this level. The medical association has protested this decision vigorously and our association has also made its disapproval known in the proper quarters.

25. Whether a change will be made in response to these representations remains to be seen. In the meantime it should be recognized that, while the division of the moneys at the disposal of the Health Resources Fund will be made at the national committee level between the regions of the country, the division of these moneys among the various health fields encompassed by the Fund will be made at the regional and provincial levels. This means that the only authority to whom dentistry can make its wishes known is the provincial minister of health. It would, therefore, be advisable that the corporate members and/or provincial associations organize themselves to this end.

Association Income

26. At the meeting of the Board in 1959 it was resolved that the per capita grant from the corporate members to the CDA should be increased by fifteen dollars. Over the intervening years, as its circumstances permitted, each corporate member has increased its grant by this amount. In each of these years except one the Association has budgeted for a deficit. In three of these years the deficit has, by the end of the year, been turned into a surplus by another province increasing its grant by the agreed amount and by modest increases in the number of dentists and in income from other sources.

27. During the seven years since 1959 all costs pertaining to the operation of an administrative headquarters have increased markedly as have costs generally. While this statement is readily substantiated, individual experience is such that it is unlikely to be challenged. As far as CDA is concerned, the fact is that operational expenses are now exceeding income by a critical margin.

28. The officers, the Executive Council and the Board have in the past freely expressed their appreciation of the devotion and the exemplary quality of service given to the Association by the executive staff of the Association. A part of that appreciation must be a realization that the executive staff members are seriously overburdened with work. Each year some further activities are passed to them by action of the Executive Council and the Board. By working to excess most of these duties have been discharged without deterioration in quality, but it should be realized that priorities have had to be assigned and that some directives of lesser importance have not been fulfilled for the simple reason that neither time nor energy were available. The necessity of engaging more staff at the executive level is inescapable if the headquarters is to function in accordance with the Board's requirements and with a reasonable work load for the staff members.

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29. An increase in income for the Association would appear to be quite reasonable when considered in conjunction with the increase in dentists' incomes. The 1963 Survey of Dental Practice shows that for the period 1958 to 1963 the net incomes of dentists in private practice have increased by 50%. While the Board will realize that the operational costs of the corporate members have increased substantially for the period 1958-1966, it would appear that the added burden of an increase of the per capita grant to the CDA would not work any hardship upon the membership.

30. While the time may not be propitious for consideration of an increase in grants from the corporate members, the governors should be aware that the state of Association finances is influencing considerably the scope of activity of the Association.

31. During the past year it has been my privilege to visit many of the dental organizations and faculties of dentistry in Canada. In some places I was presented with gifts which I value highly and in all places concern was expressed for my welfare both formally and individually. To all I express my sincere appreciation. It was a heartwarming experience to be received so graciously and I can only say that, whatever chance of time or circumstance or geography made possible my occupancy of the presidency, I find myself in a net position of indebtedness to the profession which I have been privileged to serve.

32. To the Secretary, Dr. McIntosh, I wish to extend my congratulations and my admiration for the manner in which he conducts his office. The respect and popularity which Dr. McIntosh has engendered across the country is a major asset of the Association and one which should be cherished with great care. Not the least of the Secretary's onerous duties is the care and nurture of the president and to this task he brings great tact and wisdom. My debt to him is gratefully acknowledged.

33. The Editor, Dr. Compton, in presiding over the production of our Journal, has encountered problems which tax his patience and his courage. The difficulties entailed in working out a correlation, satisfactory to all, with the French Associate Editor are in the process of solution. The solution to the financial problem rests to a great extent with this Board. The Journal has been carefully nurtured by Dr. Compton and his predecessors to a first class status in dental journalism. I am sure the Board and the Association would not have it any less and that steps will be taken to ensure its continued vitality.

34. To Mrs. Isabel Brown, the director of the Bureau of Economic Research, and to Mr. Ken Croft, the Deputy Secretary, the Association owes a continuing vote of thanks and appreciation. They each discharge such a range of duties that to list them would consume a startling amount of space. I can say in all sincerity that their concern for, and devotion to, the welfare of the profession sets a standard which we would all wish to equal.

35. In conclusion I pay tribute to the general staff at headquarters who support so faithfully and efficiently the activities of the Association.

Recommendations

36. That the President, Royal College of Dentists of Canada, be sent a message of congratulation upon the achievement by the College of its first Convocation.
37. That the Board authorize the planning of a national children's dental health program.
38. That the Board advise the corporate members that, in view of the organization of the Health Resources Fund authority, each corporate member should establish an organization to study the requirements relative to the Health Resources Fund within its jurisdiction so that the corporate member may be able to advise the provincial minister of health of dentistry's requirements.

COMMENT AND ACTION

The report of the President is to a considerable degree informative, but a number of recommendations require resolutions suggesting action.

The Board wishes to commend the President on his report and express its sincere appreciation for the manner in which he has carried out the duties of this high office. Mr. President, your Board takes great pride in your abilities.

Board of Governors

Whereas considerable time, effort, and devotion to duty is required of Governors of the Canadian Dental Association, and

Whereas Governors from time to time retire from the Board, therefore be it

Resolved that consideration by the Association be given to some form of formal recognition of their services to organized dentistry.

ADOPTED

Royal College of Dentists of Canada

Whereas the Royal College of Dentists of Canada was initiated and nurtured in its formative stages by the Canadian Dental Association, and

Whereas at the 1962 Vancouver meeting of the Board of Governors of the Canadian Dental Association, the Board, in accepting the name Royal College of Dentists of Canada, with intent deleted the explanatory phrase "(National Specialist Certification Board)", and

Whereas the Board insisted that the objects of the College be broadened so that dentists academically qualified in areas not presently recognized as specialties could be recognized and proceed to become Fellows, and

Whereas the Council of the Royal College of Dentists of Canada at its first convocation recognized only Honorary Fellows and dentists in specialties as Charter Fellows, therefore be it

Resolved that the Board of Governors of the Canadian Dental Association request the Council of the Royal College of Dentists of Canada to reconsider its present policy concerning the restriction placed on

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dentists academically qualified in areas not presently recognized as specialties, from proceeding to fellowship and to consider their action in the light of the policy and discussion as recorded in the verbatim transcript of the deliberations of the Canadian Dental Association Board of Governors at the 1962 Annual Meeting.

ADOPTED

Recommendations

Regarding paragraph 36, a resolution:

Whereas the Canadian Dental Association takes pride in the support it gave to the formation of the Royal College of Dentists of Canada, and

Whereas the Royal College of Dentists has progressed through its formative stages to its first Convocation, therefore be it

Resolved that a message of congratulation on the first convocation of the College be forwarded to the President and Council together with best wishes for its future development and success.

ADOPTED

Regarding paragraph 37, the following resolution is presented:

Whereas only certain principles regarding a dental health program for children have been approved by the Canadian Dental Association (for example, the CDA brief to the Royal Commission on Health Services), and

Whereas it is desirable for the dental profession to assume the major role in the development of any such dental health plan, and

Whereas most political parties in Canada have, in various ways, already committed themselves to a total health care program, including dental care, and may attempt to introduce all or part of such a plan at any time, therefore be it

Resolved that the Board of Governors request the Dental Services Committee, in consultation with other interested councils, committees, sections and corporate members, to develop a dental health plan for children that will be in the best interests of the health of the children and all other concerned groups.

ADOPTED

Regarding paragraph 38, a resolution:

Whereas the Health Resources Fund will be disposed of between regions/provinces at the Federal level by the Council of Ministers, and

Whereas, the Health Resources Fund will be disposed of between the various health services at the regional/provincial level, and

Whereas it is therefore apparent that the only avenue by which dentistry can influence to its advantage the distribution of the funds at the disposal of the Health Resources Fund is at the provincial/regional level, therefore be it

Resolved that the CDA advise the corporate members that the only way by which they can promote the legitimate aspirations of

dentistry as implied by the terms of reference of the Health Resources Fund is through the provincial ministers of health, and further.

That the CDA urge the corporate members to establish committees to seek communication with, and advise, the provincial ministers of health, and further

That the CDA urge the corporate members to establish committees to seek communication with, and advise, the provincial ministers of health upon the requirements of dentistry relative to the terms of reference of the Health Resources Fund, and further

That each provincial committee so established be requested to provide minutes of its meetings and pertinent comment to CDA headquarters so that a fruitful interchange of information between provinces may be established and maintained.

ADOPTED

Moved by Langlois, Seconded by Abra:

That the President's report as amended be adopted.

ADOPTED

Appendix A

VISITATIONS

The following organizations and faculties were visited on the dates shown:

August	12-15, 1965	—	Atlantic Provinces Dental Convention at St. John's, Newfoundland.
September	20-22, 1965	—	Eastern Ontario Dental Association.
October	18, 1965	—	Faculty of Dentistry, Dalhousie University Nova Scotia Dental Association at Halifax.
	19, 1965	—	Prince Edward Island Dental Association at Charlottetown.
	20, 1965	—	New Brunswick Dental Society at Saint John.
	21, 1965	—	La Societe Dentaire de Quebec at Quebec City
	25, 1965	—	La Faculte de Chirurgie Dentaire du L'Universite de Montreal.
	25-27, 1965	—	Montreal Dental Club
November	22, 1965	—	Joint Meeting in Montreal La Societe Dentaire de Montreal The Mount Royal Dental Society The Montreal Dental Club Faculty of Dentistry, McGill University
February	10, 1966	—	Hamilton Academy of Dentistry
	15, 1966	—	Toronto Academy of Dentistry
	19, 1966	—	Sudbury Dental Society
	21, 1966	—	Faculty of Dentistry, University of Manitoba. Manitoba Dental Association at Winnipeg.

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	22, 1966	—	Regina Dental Society
	23, 1966	—	Saskatoon Dental Society
	24, 1966	—	Edmonton and District Dental Society Faculty of Dentistry, University of Alberta.
	25, 1966	—	Alberta North-Eastern Dental Society, at Vegreville.
	28, 1966	—	Victoria Dental Society
March	1, 1966	—	Vancouver and District Dental Society
	2, 1966	—	North Vancouver Island Dental Society, at Parksville
	3, 1966	—	Calgary and District Dental Society
May	15-18, 1966	—	Ontario Dental Association

Appendix B

HEALTH RESOURCES FUND

Letter dated September 15, 1965, to:

The Right Honourable Lester B. Pearson
Prime Minister of Canada
Parliament Buildings
Ottawa, Canada

Sir:

The dental profession has been deeply concerned with the increasing needs of the Canadian people for more health personnel and resources. We have been pleased to note recent evidence that the federal government, in recognition of these needs is prepared to establish a Health Resources Fund from which it would increase its support in this field.

It is our hope that the federal government will proceed at the earliest opportunity in this endeavour. We urge that the dental needs of the Canadian people be recognized as an integral part of total health care services by the provision of appropriate grants from the Health Resources Fund.

We believe the primary targets of the Fund in the field of dental health should be the following:

- to provide one-half of the cost of constructing at least five new dental schools in the next ten years including the dental schools now under development at the University of British Columbia and the University of Western Ontario;
- to provide one-half of the cost of required expansion and renovation of existing dental schools;
- to make available to universities having dental schools additional operational grants distributed on the basis of the number of students actually enrolled in specific dental schools;
- to make available to dental schools funds to provide adequate resources in order to increase the ratio of full-time to part-time staff;
- to make available to universities additional funds to enable dental

schools to establish or expand graduate programs to train dental researchers and specialist-teachers to staff the schools;

- to provide adequate grants to dentists undertaking post-graduate study in preparation for university teaching and dental public health work;
- to provide funds to increase the number of research associates and research fellows at dental schools and make provision for scholarships to recent dental graduates not yet qualified as research associates;
- to expand in Canada the amount of research on dental disease and prevention by increasing research grants to universities;
- to provide grants to assist technical schools in establishing courses for the training of dental technicians and dental assistants;
- to provide a grant to provinces of 75 per cent of the cost of equipment and installation for fluoridating community water supplies.

It is our hope that these matters will be of value to the deliberations of federal and provincial ministers in conference September 23-24.

Yours sincerely,
P. S. Christie, D.D.S.,
President.

EXECUTIVE: *K. M. Kerr, President, Halifax; W. G. Woods, President-elect and Secretary-Treasurer, Toronto; D. G. Johnstone, Assistant Secretary, Niagara Falls.*

REPORT

1. The annual meeting of the Canadian Academy of Prosthodontics was held in the Chateau Frontenac, Quebec City, on May 30, 1965, with 43 members and guests attending.

2. During the clinical portion of the program papers were presented by:—

- | | | |
|-------------------------|---|---|
| Dr. H. M. Robichaud | — | Reconstruction of badly decayed or broken teeth to serve as bridge abutments. |
| Dr. Oscar Sykora | — | Esthetic arrangement of teeth in complete denture prosthesis. |
| Dr. H. Ptack | — | Partial coverage in crown and bridge prosthesis. |
| Dr. Frank E. Shamy | — | The concept of variable normality in temporo-mandibular joint function. |
| Dr. Anthony J. DePietro | — | The role of the mandibular ligaments in mandibular physiology. |

3. At the business session, the retiring president, Dr. James McCutcheon, expressed the appreciation of the members of the Academy at the action of the Board of Governors in recognizing the Academy as a section of the Canadian Dental Association and Prosthodontics as a specialty of dentistry.

4. Eight new active members were received into the Academy as were five associate members, bringing the total active membership to 84 and associate membership to 10.

5. A committee has been entrusted with the task of developing an additional class of membership of the “Diplomate” level and a further report is anticipated.

6. The new slate of executive officers was nominated and elected to office as follows:

- | | | |
|---|---|------------------------------------|
| Past Presidents | — | Drs. W. D. Clark and J. McCutcheon |
| President | — | Dr. K. M. Kerr |
| President-elect and Secretary-Treasurer | — | Dr. W. G. Woods |
| Assistant Secretary | — | Dr. D. G. Johnstone |
| Executive members | — | Dr. J. Nadeau |
| | | Dr. A. D. Fee |
| | | Dr. E. M. Pottinger |
| | | Dr. H. W. Hart |
| | | Dr. D. Kepron |
| | | Dr. J. Fiset |

7. Drs. K. M. Kerr and W. G. Woods represented the Academy at the organizational meeting of the Federation of Prosthodontic Organizations in Chicago on August 21 and 22, 1965, and again at the first annual meeting on February 28, 1966. The Federation is composed of nine prosthodontic academies and societies in the United States and the Canadian Academy of Prosthodontics.
8. The fifth clinical meeting of the Academy was held in Toronto on November 24, 1965, with papers presented by Drs. C. H. Moses, H. Skurnik, Z. Kaslof, A. F. Cameron and Clifford Reynolds.
9. At the business session, a Constitution and By-laws Committee was appointed to re-appraise and revise the articles where required.
10. An honorary membership in the Academy was conferred on Dr. Lorne E. MacLachlan of Ottawa in recognition of his dedication and service to the profession in the field of prosthodontics.
11. An article for the C.D.A. Journal is being prepared under the direction of Dr. James McCutcheon.
12. Next executive meeting to be in Halifax, Saturday, June 11, the sixth clinical meeting and annual meeting to be on Sunday, June 12, 1966.

Definition of Prosthodontics

13. The practice of prosthodontics must permit the prosthodontist, when it is required, by the exercise of judicious treatment, to perform adjunctive and supportive dental services necessary to achieve adequate results. This is not to say that the prosthodontist may engage in general dentistry, but it does imply that these additional services may be utilized only when it is deemed necessary, in the interest of the patient, to render and maintain an adequate prosthodontic service. Therefore, the definition of Prosthodontics should be comprehensive.
14. This general philosophy has been accepted in the United States where Prosthodontics is one of the recognized specialties and where the prosthodontist is permitted to include other adjunctive services wherever necessary.
15. Furthermore, it is the considered opinion of most prosthodontists that both Fixed and Removable Prosthodontics should be included in the total concept of the practice of the specialty of Prosthodontics, despite the fact that they are separate and distinct disciplines with widely different elements of treatment, skills and knowledge. It is frequently necessary to combine both in some treatment plans.
16. The Academy therefore submits for Board approval the following definition of Prosthodontics (to replace that which was approved last year and reported in *CDA Transactions* 1965: 180)

That branch of dental arts and science pertaining to the restoration and maintenance of oral function by: (1) providing suitable substitutes for the coronal portions of teeth; (2) the replacement of missing teeth and oral structures; (3) correlating the masticatory surfaces to achieve

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physiologic function and (4) the correction and concealment of facial deformities, by means of artificial devices. These services may include other adjunctive services necessary for the proper completion and maintenance of prosthodontic restorations.

COMMENT AND ACTION

The report on Prosthodontics is chiefly informative in nature. The activities and significant developments of the section within the past year are noted with pleasure, and the executive and members of the section are deserving of commendation for their fine efforts.

Definition of Prosthodontics

Referring to paragraphs 13, 14, 15, and 16, the following resolution is presented:

Whereas the definition of Prosthodontics as contained in the section's report is not consistent with the principle of limitation of practice by specialty groups as adopted by the Canadian Dental Association, therefore be it

Resolved that the proposed definition is not now acceptable, but it does deserve consideration, and is hereby referred to the Specialists and Specialization Committee for review and recommendation concerning the broad policy of specialty practice limitations and subsequent recommendation concerning the proposed definition of Prosthodontics.

ADOPTED

Moved by Bernier, Seconded by Edgecombe:

That the report on Prosthodontics be received.

ADOPTED

MEMBERS: *A. R. S. Gray, Chairman, Calgary; Y. Lafleur, St-Hyacinthe; B. J. O'Meara, Charlottetown; D. J. Yeo, Vancouver; K. W. Davey, Islington.*

REPORT

1. The Council on Public Health met at CDA headquarters March 7 and 8, 1966. The following persons attended the meeting: the council members. Drs. H. K. Brown, R. A. Connor, H. A. Grimsrud, F. A. Kohli, J. J. Marineau. C. H. McCormick, Lt. Col. Protheroe and CDA executive staff.

2. The chairman welcomed Dr. K. W. Davey as the new member of the Council representing the province of Ontario. Dr. Davey has a splendid record for his work in public health on the provincial level, and his contribution to the work of this council is anticipated with great interest.

3. *Publications*

(a) The dental health publications of the Council were reviewed as well as the general principles pertaining to such publications. The proposed booklet on fluoridation for use by publicly elected officials and dentists acting as advisers to organizations such as municipal councils was discussed thoroughly. After due consideration it was felt that the type of booklet as originally conceived was not the best approach to the problem of supplying up-to-date information to the persons concerned. In view of the considerable expense that the preparation of such a publication would involve, it was decided to cancel this proposed project.

(b) Dr. B. J. O'Meara, who is chairman of the subcommittee on publications, was commended for his efforts which involve a great number of hours in keeping the pamphlets of this Council current and in the preparation of new ones. He has received able support from Dr. Lafleur who is responsible for the translation into the French language of these pamphlets. It is the policy of the Council gradually to have all pamphlets published in both English and French.

(c) A request for permission to reprint one of the CDA pamphlets had been received from a provincial department of health. The principle that CDA dental health pamphlets might be reprinted by such departments was approved. In such cases appropriate credit to the CDA is included in the pamphlet.

4. *Dental Health Educational Aids*

A new sixty second TV film has been produced by Crawley Films Ltd. Dr. R. A. Connor again has acted as technical consultant to the film producer.

5. *National Dental Health Survey*

A subcommittee, under the chairmanship of Dr. R. Connor, whose duties are to redefine the data to be collected within the Canadian National Health survey has been in existence for some time. Recently a subcommittee, on Dental Health Statistics and Evaluation, of the Advisory Committee to the Minister of National Health and Welfare on Dental and Oral Health was established. The purpose of this committee will be to compile and eventually

publish a national dental index. For several reasons such as the availability of equipment and funds it is much easier for the work connected with a national dental health index to be done by this committee rather than the Council on Public Health. Therefore the sub-committee of our council which had been charged with this responsibility has been disbanded since the work will now go on more efficiently by the manner described above. A report on the new subcommittee's formation and duties is attached as Appendix A of this report.

6. *Report on Auxiliaries — R.C.D.C.*

The Council was again privileged to have in attendance at its meeting Lt. Col. Protheroe of the R.C.D.C. His report on the latest studies on the use of auxiliaries in military establishments was received with great interest by the Council. As a result a resolution from the Council was forwarded to the Auxiliary Services Committee for consideration at its annual meeting and is included as Appendix B to this report.

7. *Study on the Position of Public Health in Dentistry*

(a) Dr. H. K. Brown of the staff of the Faculty of Dentistry, U.B.C., who heads up the study being conducted at that university (Transactions 1964, 152 item 8 (a)) gave a report on the progress made to date. Satisfactory financial support has been obtained for both the first and second stages of this study.

(b) The terms of reference of this study have been redefined from their original form to "What is the Nature of Dental Public Health—Its Objectives".

(c) The first stage consisted of a very thorough search of the literature of recent years on this subject. It is hoped that at some future date the abstracts of the articles reviewed will be sorted, selected, arranged in some special order and a summary written and perhaps later published in book form with the related bibliography.

(d) The second phase of the project is titled "A Survey of Dental Public Health Within the Dental Profession and Within Public Health Agencies, Including Those of Government". This phase is just in its initial stages at present.

8. *Fluoridation*

Considerable satisfaction was felt when it was announced that the benefits of fluoridation would be made available to the users of the communal water supplies under the jurisdiction of the Department of National Defence. Commendation for this decision was sent to Hon. Paul Hellyer. Efforts to obtain similar action by the Minister of Health and Welfare and the Minister of Northern Affairs and National Resources for those areas under their jurisdiction, are being continued.

9. *Geriatrics in Dentistry*

This is an aspect of public health which this Council has undertaken to study. A subcommittee under the chairmanship of Dr. K. W. Davey will study the feasibility of conducting a survey of dental needs and services to the aged.

10. *Preventive Techniques in Private Practice*

Considerable discussion on the promotion of preventive techniques in private practice resulted in the formation of a committee to look into the means by which the use of such techniques in the private dental office could be stimulated.

COMMENT AND ACTION

Council's report is informative in nature. It presents no resolutions requiring action of the Board at this time. The Board agrees that the resolution in appendix B be drawn to the attention of the Auxiliary Services Committee.

The Board takes this opportunity to express its thanks and appreciation of the contributions of Council members toward the accomplishments of the past year.

Moved by Brett, Seconded by Baird:

That the Council on Public Health report be adopted.

ADOPTED

Appendix A

NATIONAL DENTAL HEALTH SURVEY AND STATISTICS SUB-COMMITTEE OF NATIONAL DENTAL HEALTH ADVISORY COMMITTEE

(Ottawa, Feb. 21, 22, 1966)

An inaugural meeting of the sub-committee met under the offices of Dr. R. A. Connor, Chief Dental Consultant of the Department of National Health and Welfare under the Chairmanship of Dr. R. M. Grainger. Committee members were Dr. F. McCombie and Dr. Wilson King, Dental Health Directors in British Columbia and Nova Scotia, and Dr. T. Marsh, Research Director in Dental Division of Department of National Health and Welfare. Also in attendance was Major Harrington of the Royal Canadian Dental Corps.

After a discussion the terms of reference of the sub-committee were interpreted to be broader than just responsibility for development of a National Dental Health Index. Reference to minutes of the Dental Resources sub-committee indicated there would be need to conduct various special studies in the realm of dental care needs and these also were clearly the duty of the survey committee.

A review of the status of the Canadian Dental Association methodology in relation to other systems including that being developed by the World Health Organization and the United States Department of Health Education and Welfare, indicated that it would be necessary to adopt the international system and a survey currently organized for Nova Scotia will be used to develop conversion tables so that the history of dental health gathered by the Canadian system would not be lost.

It was confirmed that actual conduct of surveys should remain provincial responsibility in Canada but that the federal organization would integrate the

project by publishing a methodology (following the W.H.O. procedure), offering consultant services particularly with reference to sampling and examiner instruction, data processing, grants in aid and consolidation of provincial findings into national estimates possibly on a three or five year basis.

The role of the Royal Canadian Dental Corps was considered to be quite important. The data from the Corps would, on one hand, be given the same status as the provinces and be reported as such. But the cooperation of the Corps was more welcome because of the calibrating service possible because its examinations would cover citizens across the country. The possibility of the Corps assisting in developmental research was gratefully accepted.

With reference to the pressing need for adult dental health data it was recorded that whenever a survey was being conducted by any other Canadian agency that offered access to adults, an effort would be made to have dental recordings included.

Contact was made with the Research and Statistics Division of National Health and Welfare and it is felt that their participation in the data processing and sampling work can be counted on.

There was discussion of the problem of French translation of the methodology manual and of reports and it was felt, for the present, this could be handled through the assistance of Dr. McCabe of the Dental Health Division staff.

The latter part of the meeting was devoted to planning the survey in Nova Scotia under the direction of Dr. King and supported by a National Health Grant.

Appendix B

RESOLUTION OF COUNCIL ON PUBLIC HEALTH

Whereas the CDA has for many years recognized that properly qualified dental auxiliaries can be trained to render a broader scope of service than at present, and

Whereas the dental hygienist is the auxiliary whose scope of service should be expanded, and

Whereas the Royal Canadian Dental Corps has demonstrated the practical value of expanded services rendered by a military dental hygienist, and

Whereas New Zealand dental nurses are currently practising in the Yukon Territory and others have enquired about practice opportunities in certain provinces, and

Whereas Ontario and British Columbia have defined an expanded range of duties for dental hygienists which have been accepted under their respective Dental Acts, and

Whereas the duties of dental hygienists in Manitoba permit the performance of certain procedures in prosthodontics for which they are being trained, therefore be it

Resolved that the Auxiliary Services Committee define an expanded range of duties for dental hygienists so that in due course appropriate amendments to dental acts and training curricula may ensue.

REPORT

1. One new 60-second public service television film has been distributed to English and French stations across Canada. Subject of this film is prevention of periodontal disease. With colour TV just around the corner, a colour master print of this film has been made, so that colour prints might be supplied later, budget permitting. Again the technical advice of Dr. Ralph Connor and Dr. Aberdeen McCabe of the dental division of the Department of National Health and Welfare proved invaluable to the bureau and the film producer. The CBC considered this film sufficiently satisfactory to request 40 prints for maximum use.

2. It is planned to publish again this year the popular news bulletin after the Annual Meeting. The new printing equipment purchased last year will permit production of this bulletin at headquarters, at a substantial saving in cost. Its appearance will be somewhat similar to the *Dental Economics Newsletter*, which was redesigned with the assistance of this bureau.

3. About 2,500 newspaper and magazine clippings of dental news and features were received last year. Fluoridation and activities of dental mechanics were in the majority of news items, with dental research following. An increase in publication of regular dental columns in newspapers has been noted with interest.

4. The bureau co-operated with the Bureau of Public Information of the American Dental Association last summer in setting up the press room during the annual meeting in Toronto of the International Association for Dental Research. Dr. K. J. Paynter, as IADR public relations chairman, sparked this co-operative effort. Considerable news and feature coverage emanated from this meeting.

5. The Bureau again has been unable to develop some of the projects in which the Board has shown an interest, because of time and budget considerations. For example, too few issues of the *Governors Letter* have been published; the *President's Letter* to the membership has not been started; a long-planned brochure describing the association's structure and programs has been postponed indefinitely.

6. The Board of Governors last year adopted a resolution "that the Executive Council be requested to examine the desirability of acquiring additional assistance within the bureau and if found feasible to engage the appropriate personnel". Immediately after, the Executive Council authorized its sub-committee on headquarters administration to implement the intent of the Board's resolution. Because of budget considerations, it has not been feasible to implement the resolution.

COMMENT AND ACTION

The report of the Bureau of Public Information is wholly informative in nature.

BUREAU OF PUBLIC INFORMATION

Recognition with appreciation and commendation is made of the broad scope of activities and interests which have concerned the Bureau in a busy and productive year.

Note is made of the fact that, due to other priority demands on the time of the Director, the Bureau has been unable to complete all of the activities which the Bureau feels should have been carried out in the past year.

Recognizing the significance to the Association of good communications with the public and, what may be of even more importance, within the profession, it is recommended that the Executive Council give consideration to the means whereby the work of the Bureau may be classified as a prime function of the headquarters operation.

Moved by Coupland, Seconded by Brouillet:

That the report of the Bureau of Public Information be adopted.

ADOPTED

MEMBERS: K. J. Paynter, Chairman, Toronto; C. D. Torneck, Toronto; D. L. Anderson, Hamilton; W. R. Bruce, Toronto; J. D. Spouge, Vancouver; H. S. Grey, Toronto; D. C. Teskey, Toronto; R. H. Bingham, Halifax; R. V. Blackmore, Edmonton; R. M. Grainger, Toronto; G. H. Beaton, Toronto; M. C. Johnston, Toronto; H. G. Poyton, Toronto; A. Demirjian, Montreal; J. F. Cleal, Winnipeg.

REPORT

1. *Annual Meeting*

The annual meeting of the Council on Research was held April 4th and 5th, at CDA headquarters. This was the first regular meeting of Council convened in accordance with the recommendations made to the Board and approved last year (CDA *Transactions* 1965, p. 162). The Chairman of the Associate Committee on Dental Research, National Research Council, Dr. J. P. Lussier, and the Chairman of the Advisory Committee on Dental and Oral Health, Department of National Health and Welfare, Dr. R. A. Connor, were also present. The meeting was valuable not only because it permitted all members an opportunity to become familiar with Council activities, but also because the active participation of members from across Canada served to strengthen the actions of the Research Council as it does with other activities of the Association.

2. *Fluoridation*

The Council made slight amendments to the Statement on Fluoridation adopted by the Board last year. The revised statement in the form of a resolution is attached as Appendix A, and is recommended for adoption.

3. *Canadian Standards Association*

A sub-committee of Council has been formed to review documents dealing with standards for dental materials submitted by the Canadian Standards Association to the CDA. This has been done to assist the work of the Canadian Standards Association in standardizing dental materials on an international basis.

4. *Industrial Research Fund*

A sub-committee of Council has been formed to explore ways and means of administering funds donated by industry in support of dental research in Canada.

5. *Radiation*

(a) The matter of hazards resulting from the use of dental X-ray machines is one that has frequently come to the attention of Council. In view of the serious nature of this matter from the standpoint of health of both patient and dentist, and from the standpoint of professional public relations, the Council has recommended:

- (1) that the Statement on Radiation Hazards prepared by the Council (CDA *Transactions* 1963, pp. 163-165) be reproduced and mailed to each member of the Association, and

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- (2) that the matter of radiation hazards associated with dental X-ray machines be referred to the next Secretaries' Conference with the request that the secretaries consider ways and means to encourage dentists to adopt all established methods that can be applied in the dental office to reduce hazards from radiation to a minimum for themselves, their office personnel and their patients.

(b) A proposed Federation Dentaire Internationale code for dental radiation hygiene was reviewed and comments forwarded to the Secretary of the F.D.I. commission drafting the code which will be considered at the forthcoming F.D.I. meeting in Tel Aviv.

6. *C.D.A. Reprint Service*

Current practices under the C.D.A. Reprint Service were reviewed. It is recommended that the service be curtailed; that funds continue to be used to purchase reprints for Canadian authors for articles of a scientific nature, but that the practice of automatically mailing copies of reprints so purchased to a number of organizations and individuals throughout the world be discontinued.

7. *Proposals for the Administration of Dental Research Funds in Canada*

The ad hoc committee appointed to draft a report outlining principles guiding the administration of dental research funds (*CDA Transactions* 1965, p. 163), has completed its assignment. A first draft of proposals was widely circulated among dental researchers in the schools and elsewhere, and a final copy was prepared for distribution (Appendix B). This document has been circulated to officers of the Department of National Health and Welfare, Medical Research Council, and the National Research Council, and has been seriously considered by all. Comments received from various sources will form one of the main subjects for consideration at the forthcoming proposed Conference on Dental Research (see item 8).

8. *Canadian Conference on Dental Research*

It is recommended that, assuming funds can be obtained, the Council on Research of the Canadian Dental Association act as a co-sponsor with the Associate Committee on Dental Research of the National Research Council to conduct a fourth Conference on Dental Research in Winnipeg, early in the fall of 1966.

9. *Dental Research Support 1966*

Funds to support dental research in Canada are increasing rapidly. It is estimated that approximately \$625,000 will be spent during the present fiscal year, made up as follows:

National Research Council	\$450,000
Department of National Health and Welfare	135,000
Canadian Dental Association	13,000
Other (M.R.C., N.I.H., N.C.I., Industry, etc.)	27,000
	\$625,000

This amount is almost double that spent in 1964, and is about eight times the spending in 1954 (*CDA Transactions* 1965, p. 171).

10. *Survey on Dental Research*

In view of the current rapid expansion in dental research (see item 9) it is considered wise to carry out more frequent surveys of the status of dental research in Canada than has been done in the past. Since 1954 the Council has conducted a survey every five years, the last one two years ago (*CDA Transactions* 1965, pp. 165-171). Accordingly, acting on the assumption that the CDA Research Council is the logical body to gather such data, a fourth survey on dental research in Canada is now being made.

11. *Fellowships and Studentships*

(a) Six sets of reprints were purchased through the CDA Reprint Service. Details are shown in Appendix C.

(b) Five applications were received for Fellowships for a total of \$9,200. Four were granted and are shown in detail in Appendix C.

(c) Fifteen applications were received for Studentships totalling \$13,005. Five were granted in a total amount of \$4,275 as shown in Appendix C.

(d) Summary of awards to date through the Fellowship and Studentship program is shown in Appendix D.

12. *Budget*

A budget of \$16,000 for Fellowships and Studentships has been requested, together with a sum to defray the cost of the annual meeting.

13. *Canadian Dental Research Foundation*

(a) Officers of the Foundation elected at the annual meeting are K. J. Paynter, President; W. G. McIntosh, Secretary; R. M. Grainger, Executive Member.

(b) The Financial Statement for the year ending December 31st, 1965, is attached as Appendix E.

COMMENT AND ACTION

Once again in its Report the Council on Research records the invaluable service the Council performs in co-ordinating research efforts across Canada, in giving guidance to the rapidly expanding activities in research and in ensuring the prudent use of available financial and manpower resources. The Association is indebted to all who participated in the activities of this Council.

Fluoridation

The updated and improved statement which appears as Appendix A is approved.

Radiation

Both recommendations in paragraph 5 (a) are approved.

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C.D.A. Reprint Service

In respect to this service the recommendations of the Council in paragraph 6 are approved.

Proposals for the Administration of Dental Research Funds in Canada

The proposals contained in Appendix B are approved.

Canadian Conference on Dental Research

The recommendation in paragraph 8 "that, assuming funds can be obtained, the Council on Research of the Canadian Dental Association act as a co-sponsor with the Associate Committee on Dental Research of the National Research Council to conduct a fourth Conference on Dental Research in Winnipeg, early in the fall of 1966" is approved.

Survey on Dental Research

The action taken by the Research Council in making a fourth survey of dental Research in Canada, reported in paragraph 10, is approved.

Grateful Acknowledgement

This year three members of the Council, including the Chairman, are retiring, having completed two three-year terms. They are K. J. Paynter, D. L. Anderson and C. D. Torneck. To these members, and especially to the Chairman, Dr. Paynter, the unbounded gratitude of the Association is expressed.

Moved by Coupland, Seconded by MacIssac:

That the report of the Council on Research be adopted as amended.

ADOPTED

Appendix A

STATEMENT ON FLUORIDATION

Whereas tooth decay, by affecting the vast majority of people in Canada, is one of the major public health problems of our time, and

Whereas for over a quarter of a century scientific studies under a wide variety of controlled conditions have established fluoridation as one of the most extensively studied public health procedures, and

Whereas such studies reveal that the use of fluoride in the recommended amount of one part of fluoride to one million parts of water is completely safe and is effective in reducing tooth decay by approximately two-thirds, and

Whereas fluoridation benefits children and the benefits extend into adult life, therefore be it

Resolved that the Canadian Dental Association reiterates its recommendation to the people of Canada that communities having a public water supply adopt a procedure for adjusting the fluoride content of their water supply to a level considered optimal for the maximum prevention of dental decay, and for this purpose seek competent dental, medical and engineering advice.

ADOPTED

*PROPOSALS FOR THE ADMINISTRATION
OF DENTAL RESEARCH FUNDS IN CANADA*

Introduction

This memorandum was prepared under the joint sponsorship of the Council on Research of the Canadian Dental Association, the Advisory Committee on Dental and Oral Health of the Department of National Health and Welfare, and the Associate Committee on Dental Research of the National Research Council. The initial draft was written and approved by the three Chairmen involved. A revised draft was then circulated among the members of each Committee, and copies were sent to each of the dental schools in Canada for distribution among staff members active in research. All were asked for their criticism and comments.

The final copy has thus had wide circulation, and accurately represents the consensus of opinion of the great majority of those in Canada active in or associated with dental research.

The following proposals for the administration of research funds for dentistry in Canada embrace a number of alternative methods for distributing federal grants in the future, including the suggestions of the Royal Commission on Health Services¹.

Regardless of the agency through which funds are granted, two main principles should continue to guide their distribution for the support of dental research as follows:

- (a) dental research money should be earmarked for that purpose and
- (b) allocation of grants for dental research should be based *primarily* on the recommendation of those most familiar with dental research problems.

If the federal government continues to grant health research support through a number of agencies such as the National Research Council, the Medical Research Council, and the Department of National Health and Welfare, the best interests of dentistry will be served by continuing to receive support for basic research through the National Research Council, and for applied or public health research through the Department of National Health and Welfare. It is gratifying to observe the growing awareness of the significance of applied dental research by the latter department as evidenced by the recent creation of a sub-committee on dental research, and the appointment of a dentist as a voting member of the Public Health Research Advisory Committee of the Dominion Council on Health. In the same vein in the area of basic research, the voice of dentistry in the affairs of the National Research Council should be made stronger. Specific recommendations are outlined in the latter part of this report.

If the National Research Council should elect to discontinue its support of health research, it seems logical that basic dental research should be supported by the Medical Research Council. On the other hand, if the proposals of the Royal Commission on Health Services are carried out, and the Medical

1. Royal Commission on Health Services Report, Vol. 1, Queen's Printer, Ottawa, 1964.

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Research Council is transformed to a Health Sciences Research Council with responsibility for administering virtually all funds to support research in the health sciences, basic and applied, then dental research grants would be provided by the new agency.

Regardless of whether the National Research Council, the Medical Research Council, or a Health Sciences Research Council grants the money for dental research, with or without the Department of National Health and Welfare taking an active role, the same two fundamental principles should apply — earmarked funds for dental research, allocated on the recommendation of those most knowledgeable in the field. The following discussion forms the justification for this arrangement.

Discussion

Traditionally and historically dentistry and medicine have been separated. Since the earliest recorded time the handling of oral disease problems has been essentially the responsibility of a group separate from practitioners of medicine. The result has been the development of two separate professions, each with its own governing act, and each with its own system of education. Within the last half century the schools of medicine and dentistry have grown closer together, particularly in the areas of basic science teaching. More such unification may take place in the future. It is not possible at this stage however, to conceive of one educational system for both medicine and dentistry in North America.

Research and education go hand in hand, and the one complements the other. While good research can take place in institutions where no teaching occurs, undergraduate instruction suffers and graduate teaching is impossible where there is no research. Furthermore, for research activity to yield highest dividends it should produce two things — new knowledge and trained personnel. It goes without saying that research should advance knowledge, but the latter product of research is frequently overlooked, and in the present time of great need for staff in dental schools it is wasteful not to utilize this second return from research.

Although institutions for educating dentists in Canada date back approximately 90 years, research in dentistry is comparatively new. It has only been during the last 20 years that federal funds for dental research have been provided in Canada. The growth of dental research during this 20-year period has been rapid and healthy. It has produced useful new knowledge about the biology of the oral cavity, and the diseases which can affect it; it has provided a significant stimulus to undergraduate dental education; and it has led to the development of greatly needed programs of graduate education in Canadian dental schools. Even in this short period of time the beneficial impact of the latter has been felt in the schools by the provision of new teachers and research workers.

The greatest impetus for this development has been provided through funds of the National Research Council, on the recommendation of its Associate Committee on Dental Research. Since the formation of this Committee, the National Research Council has always earmarked funds for dental research. Dental Public Health research has been supported through the Department of National Health and Welfare. This assistance has recently

increased substantially, and the Department now allocates certain funds specifically for this purpose. A special Sub-committee on Dental Research recommends their distribution.

A similar arrangement should continue in the future, i.e. funds earmarked for dental research, allocated on the recommendation of those most familiar with dental biology, the problems of dental disease, dental public health, and with dental education.

Support for dental research should be realistic. The problems of dental disease are of great physical and economic significance to Canadians as the Royal Commission on Health Services pointed out, and research aimed at the solution of these problems is worthy of liberal and continuing support. Unfortunately from the standpoint of the dental researcher, the lack of drama in dental disease frustrates efforts to raise funds through public subscription. The medical researcher on the other hand, not only has access to funds provided by the federal government, but he also may share in the relatively large sums raised annually for work on various disease entities such as cancer, heart disease, and muscular dystrophy. No comparable opportunity exists in the dental field.

Recommendations

The following recommendations for the administration of dental research funds are based on three foreseeable possibilities depending on the federal organization or organizations providing the money.

1. *Basic research support provided by the National Research Council and support for public health research by the Department of National Health and Welfare.*

As has already been mentioned the National Research Council allocates earmarked funds for dental research and has done so for years. The funds are awarded by the Council on the recommendation of the Associate Committee on Dental Research, which is largely comprised of dental researchers. In view of the magnitude of the support now being derived from this source, early consideration should be given to transforming the present Associate Committee on Dental Research to a separate National Research Council Division, with direct representation on Council.

The recently-established arrangements for administration of dental public health research funds by the Department of National Health and Welfare seem satisfactory and should continue until experience and circumstances justify change.

2. *Basic research support provided by the Medical Research Council, and support for public health research by the Department of National Health and Welfare.*

If the dental research assistance now provided by the National Research Council becomes the responsibility of the Medical Research Council, an equitable share of Medical Research Council funds should be allocated for the support of dental research and dental research personnel, and the dental share should be so designated. These earmarked funds should be allocated on the recommendation of a Medical Research Council Committee or Division com-

RESEARCH

prised largely of members informed about the dental research field. As in other such Committees many members would be drawn from the staffs of Canadian dental schools. The dental Committee or Division should be ranked equally with other Committees or Divisions of the Council and should have a similar voice on the Council.

With regard to dental public health research support, the same comments apply as under (1) above.

3. *All dental research support provided by a Health Sciences Research Council.*

If the recommendations of the Royal Commission on Health Services are acted upon and a Health Sciences Research Council is established, at least two possibilities are open for distributing dental research assistance, depending on the basic organization envisaged for the Council. The first of the two possibilities is strongly recommended.

- (a) If the Health Sciences Research Council is organized as a series of Divisions according to health entity.

Assuming the Health Sciences Research Council activities are carried out through Divisions, such as the Division for Mental Health, for Child Health, etc., one should be the Division for Dental Health. Each Division is envisaged as handling an earmarked bloc of funds, through separate advisory committees and referees, and each would be headed by a senior staff officer. Inevitably, there would be some overlap of activities between Divisions, but this would not be undesirable. Each Division should have representation on Council.

The function of the Dental Division of the Health Sciences Research Council would be somewhat similar to that of the present Associate Committee on Dental Research of the National Research Council, but the objectives and terms of reference should be broadened for the new Division to include support not only for basic research, but for clinical, epidemiological or public health studies as well. That is, the Division of Dental Research of the Health Sciences Research Council should combine the present activities of the National Research Council Associate Committee on Dental Research and those of the Sub-committee on Dental Research of the Department of National Health and Welfare.

Some fusion of these two existing Committees might logically form the initial Advisory Committee in the new establishment.

- (b) If the Health Sciences Research Council is organized as a series of committees according to biological discipline.

If the research support by the Health Sciences Research Council is distributed on the recommendation of a series of Committees formed on the basis of biological discipline, (i.e. Anatomy Committee, Biochemistry Committee, etc.), each committee should have dental representation. The dental representatives should be consulted particularly with respect to dental applications. Under this arrangement one of the potential disadvantages to dental research is that dental applications may be passed over, not because the quality of the work is less deserving, but because the significance of the work may not be as well appreciated by the majority of the committee who would be from outside the dental field.

Regardless of the organization, however, dentistry should have a voice in the final decisions of the Council.

Summary

The basic principles that should guide the allocation of funds for dental research are (a) dental research money should be earmarked for that purpose (b) funds should be allocated primarily on a recommendation of those most familiar with dental research problems.

If federal funds for dental research continue to be provided from the two present sources, i.e. basic research support from the National Research Council and public health research support from the Department of National Health and Welfare, the present Associate Committee on Dental Research of N.R.C. should be transformed to a Dental Division, and dental researchers should have representation on the Council. Current arrangements for administering dental funds in the Department of National Health and Welfare seem satisfactory.

If responsibility for the support of basic dental research is transferred from N.R.C. to the Medical Research Council, a similar arrangement should be made. That is, dental research funds should be earmarked for the purpose and allocated on the recommendation of a separate Dental Division or Committee equivalent in status to other Divisions or Committees in the Medical Research Council. The Council should include dental representation.

If a Health Sciences Research Council as recommended by the Royal Commission on Health Services is established to administer funds for the support of all areas of health research whether basic or applied, dental research funds should be earmarked for the purpose and allocated on the basis of the recommendation of a separate dental division or committee, equal in status to other Health Sciences Research Council divisions or committees. There should be dental representation on the Council.

Appendix C

REPRINTS, FELLOWSHIPS AND STUDENTSHIPS 1965-66

A. Reprints

- | | |
|------------------|--|
| H. G. Poyton and | Three evaginated odontomes. |
| E. R. Vizcarra | J.C.D.A. July, 1965. |
| R. M. Grainger, | Swab test for dental caries activity; |
| M. Jarrett and | an epidemiological study. |
| S. L. Honey | J.C.D.A. 31:515, 1965. |
| H. G. Poyton and | The simple bone cyst. |
| G. A. Morgan | Oral Surg. Oral Med. Oral Path. |
| | 29:188, 1965. |
| M. A. Listgarten | Electron microscope observations on |
| | the bacterial flora of acute necrotiz- |
| | ing gingivitis. |
| | Jour. Periodontology July-Aug. 1965. |

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N. Cernavskis and H. A. Hunter	A study of the vascular pattern of the rat mandible using microangiography. Jour. Dent. Res. Nov.-Dec. 1965.
D. L. Anderson	Significance of surface size of intra- oral carcinoma. J.C.D.A. April, 1966.

Estimated Total	<u>\$300</u>
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B. *Fellowships*

<i>Grantee</i>	<i>Purpose</i>	<i>Amount</i>
Dr. D. V. Chong, Toronto, Ont.	Study leading to the M.Sc.D. degree in Oral Biology (Microbiology) in the University of Toronto.	\$3,000
Dr. J. K. Hicks, Toronto, Ont.	Study leading to the M.Sc.D. degree in Oral Biology (Bacteriology) University of Toronto.	1,250
Dr. B. Liebgott, Toronto, Ont.	Study leading to the M.Sc.D. degree in Oral Biology (Anatomy) in the University of Toronto.	600
Dr. G. E. Longhurst London, Ont.	Study leading to the M.Sc.D. degree in Oral Pathology (Radiology) in the University of Toronto.	\$2,900

Total	<u>\$7,750</u>
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C. *Studentships*

<i>Grantee</i>		<i>Sponsor</i>	<i>Amount</i>
I. E. Gasoi McGill Univ.	1st Yr.	Dr. E. A. Hosein Biochemistry McGill University	\$ 795
L. Brodeur U. of Montreal	2nd Yr.	Dr. Simard Savoie Pharmacology Montreal	855
J. Bembenek U. of Toronto	2nd Yr.	Dr. K. J. Paynter Anatomy Toronto	855
J. Levenson Manitoba	2nd Yr.	Dr. I. Kleinberg Biochemistry Manitoba	855
R. E. Racine U. of Alta.	3rd Yr.	Dr. W. J. Simpson Paedodontics Alta.	915

Total	<u>\$4,275</u>
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Appendix D

*CANADIAN DENTAL ASSOCIATION
FELLOWSHIPS AND STUDENTSHIPS 1948-1966*

<i>Year</i>	<i>Graduate</i>	<i>Undergraduate</i>	<i>Total</i>
1948	\$ 1,400		\$ 1,400
1949	2,300		2,300
1950	2,300		2,300
1951	3,800		3,800
1952	1,700		1,700
1953	1,200		1,200
1954	3,700		3,700
1955	2,100	1,000	3,100
1956	5,600	400	6,000
1957	5,700	900	6,600
1958	12,400	4,500	16,900
1959	3,900	3,200	7,100
1960	2,500	5,400	7,900
1961	4,000	6,900	10,900
1962		7,020	7,020
1963	4,451	8,097	12,548
1964	5,237	9,345	14,582
1965	7,425	5,310	12,735
1966	7,750	4,275	12,025
TOTALS	<u><u>\$77,463</u></u>	<u><u>\$56,347</u></u>	<u><u>\$133,810</u></u>

Appendix E

*THE CANADIAN DENTAL RESEARCH FOUNDATION
BALANCE SHEET*

*Assets**Current account:*

Cash	\$ 38.01	
Accrued interest on bonds	<u>216.29</u>	254.30

Capital account:

Cash	208.77	
Government and government guaranteed bonds, at cost (par value \$18,100.00)	<u>\$18,011.38</u>	<u>\$18,220.15</u>
		<u><u>\$18,474.45</u></u>

Surplus

<i>Current account</i>	\$ 254.30
<i>Capital account:</i> Balance, December 31, 1964	<u>18,220.15</u>
	<u><u>\$18,474.45</u></u>

RESEARCH

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1965

Receipts:

Interest on investments held by trust company ..	\$ 619.09	
Bank interest	53.05	
	672.14	
Bonds redeemed	\$1,500.00	\$2,172.14

Disbursements:

Trust company's fees to December 31, 1965	\$ 21.95	
Transfers to Canadian Dental Association, General Account	612.18	
Bonds purchased	1,419.38	2,053.51

<i>Excess of receipts over disbursements for year</i>		118.63
Cash, December 31, 1964		128.15

Cash, December 31, 1965:

Current account	38.01	
Capital account	208.77	\$ 246.78

REPORT

The special resolutions committee has carefully compiled and reviewed a list of people and organizations which have contributed significantly to this annual meeting. It is understood that the Secretary of the Association will direct suitable expressions of our gratitude to the appropriate sources. Singled out for special attention are the following:

Dr. Ian MacKinnon, Pine Hill Divinity College, who read the invocation at the opening session of the Board;

His Excellency the Lieutenant Governor of the Province of Nova Scotia, the Honourable H. P. MacKeen and Mrs. MacKeen, who entertained the wives of the Governors at Government House;

The Honourable Allan MacEachen, Minister of National Health and Welfare, who is scheduled to address our members at the banquet June 15;

The Provincial Secretary, Province of Nova Scotia, with regard to provincial sponsorship of the Lobster Party June 13;

The Honourable James Harding, Minister of Welfare, Province of Nova Scotia, who is scheduled to bring greetings of the province to our members at luncheon June 15;

The Mayor and city council of Halifax for the luncheon for convention delegates to be held June 14;

Dr. W. B. Coleman, general chairman of the 1966 convention committee, and Mrs. Coleman, chairman of the ladies program;

Mrs. C. E. Dexter, chairman of the ladies committee during the Board meeting;

President and Mrs. P. S. Christie, who have again exercised their expertise in the social graces, particularly at the Saraguay Club;

Dr. D. G. Pentz, President, and the officers and members of the host Nova Scotia Dental Association.

It is understood that the convention chairman will, in the name of the Association, express our appreciation to the many individuals, companies and other organizations which have contributed to the success of the convention.

(D. C. Eaton)

Moved by Eaton, Seconded by Coupland:

That the special resolutions report be approved.

ADOPTED

RESOLUTIONS SUBMITTED

Number 1

Royal College of Dental Surgeons of Ontario

Whereas this Board is deeply concerned over the lack of control exercised by the Canadian Dental Association Executive in regard to the collection, retention, and interim use of moneys received by Professional and Industrial Pensions Ltd. from Ontario dentists as premiums for Canadian Dental Association-sponsored plans; therefore be it

Resolved that the Secretary of the Royal College of Dental Surgeons write to the Canadian Dental Association expressing these areas of concern and further,

That those of our Directors who are also Governors of the Canadian Dental Association bring this matter to the attention of the Board of Governors of the Canadian Dental Association, and report back to this Board by July 1, 1966, as to what safeguards have been or will be established in order to ensure that all moneys received by PIPL from the dentists of Ontario are correctly accounted for, and used in a manner most advantageous to the dental profession of Ontario.

Number 2

Royal College of Dental Surgeons of Ontario

Whereas our two dental organizations, namely the Canadian Dental Association and the Royal College of Dental Surgeons, sponsor insurance plans in Ontario, and,

Whereas they are in some important aspects at variance as to the best method of operation, therefore be it

Resolved that the RCDS request the CDA to join them in hiring an independent consultant body to study the operation of Canadian Dental Service Plans Inc. and Professional and Industrial Pensions Ltd. in depth. The duties of the consultant or team of consultants (such as the firm of Chartered Accountants of Thorne, Mulholland, Howson & McPherson) could be to:

- (a) Investigate the systems used by both organizations in the handling of dentists' moneys;
- (b) Investigate the economy of operation of both organizations;
- (c) Report on their findings and suggest to our Boards the most effective method of programming dental insurance and;
- (d) The investigation to be completed and the report rendered to our Boards for study not later than October 15, 1966, and further
- (e) That the cost of this investigation and report be borne jointly by the CDA and the RCDS.

COMMENT AND ACTION

The responsibility to be assumed by the advisory committee on commercial insurance, as described in the report of the Executive Council and in the Comment and Action on it, provides sufficient latitude to embrace the requests contained in submitted resolutions number 1 and 2.

ADOPTED

MEMBERS: *M. A. Rogers, Chairman, H. T. Oliver, J. J. McCarthy, J. D. Stewart, J. McCutcheon, Montreal; R. L. Scott, Brantford.*
Royal College of Dentists of Canada

REPORT

1. Members of this Board will all be aware that the Royal College of Dentists of Canada is now established and functioning.
2. All members of this committee attended the meeting of the Provisional Council of the College at CDA Headquarters in Toronto on September 16th and 17th, 1965.
3. In addition, the Chairman, by invitation attended the meeting of the Council of the College in Toronto on January 7th and 8th, 1966.
4. This committee considers it desirable that liaison be established between this committee and the Royal College and recommends that the Executive Council seek ways and means of accomplishing this. The suggestion is made that this could be achieved by requesting the Royal College to invite the Chairman of the Specialists and Specialization Committee to attend the Annual Meeting of the College and such Council meetings as may be of direct interest to this Association.

Definition of a Specialist

5. Pursuant to the comment and action on the 1965 report of the Orthodontic Section, this committee was asked to reconsider the current definition of a specialist as accepted by the CDA and which requires a specialist to restrict his practice to his specialty.
6. It was felt that increasing knowledge in all areas of dental practice makes it difficult enough for a specialist to keep abreast of advances in his own area in which he is expected to have special skill and knowledge.
7. It was further agreed that accepted custom allows the specialist adequate freedom to treat emergency situations in other areas should the need arise or the patient's welfare be at stake.

Endodontics

8. On October 14th, 1965, an application was received from the Canadian Academy of Endodontics for the recognition of Endodontics as a specialty field of dental practice and of endodontists as specialists.
9. This committee is satisfied that the Canadian Academy of Endodontics, which was established in September 1964 and incorporated March 1965 is, in fact, an organized group representing Endodontics in Canada.
10. In its application and in the supporting brief which accompanied it, the Academy amply supports the need for specialists in Endodontics as teachers and researchers and for service to patients in selected cases which present problems beyond the scope of the general practitioner.

SPECIALISTS AND SPECIALIZATION

11. The American Dental Association, in 1963, recognized Endodontics as a special field of dental practice.

12. Twelve dental schools in the United States of America offer graduate training in Endodontics. The average length of such courses leading to a Master's Degree or equivalent is 18 to 24 months.

13. The Canadian Academy of Endodontics offers the following definition of the specialty:

That field of dental practice concerned with the preservation of teeth manifesting diseases of the pulp and conditions sequential to such pulp involvement.

14. This committee recommends that this Association recognize Endodontics as a specialty branch of dental practice and Endodontists as specialists.

Future Plans

15. This committee will continue to study the development of specialization in dentistry and to co-operate with the Royal College of Dentists of Canada in whatever may appear to be in the best interests of this Association and of the dental profession as a whole.

16. Concern has been expressed that, for the public good, too many dental specialties may develop. We recommend, therefore, that the existing policy of this Association with respect to specialties be reviewed.

COMMENT AND ACTION

The report on Specialists and Specialization is mostly informative in character, but a word of commendation is due to committee members and especially its chairman. He is now retiring after being instrumental in the formation of the Royal College of Dentists of Canada, for which he should be highly praised.

Royal College of Dentists of Canada

The Board agrees with paragraph 4 and presents the following resolution.

Whereas the Royal College of Dentists of Canada now exists as an autonomous body and

Whereas there are and will continue to be many areas of common concern to the Royal College and this Association, and

Whereas there appears to exist no direct liaison between this Association and the Royal College, therefore be it

Resolved that the Executive Council of this Association seek ways and means of establishing liaison between the Royal College of Dentists of Canada and this Association.

ADOPTED

Endodontics

The Board agrees with paragraph 14 and presents the following resolution.

SPECIALISTS AND SPECIALIZATION

Whereas ample proof has been shown in the need for research, teaching and the care of special cases, and

Whereas the Canadian Academy of Endodontics exists as the national organization of endodontists in Canada, therefore be it

Resolved that the Canadian Dental Association recognize endodontics as a specialty of dentistry and that endodontists be recognized as specialists.

ADOPTED

Future Plans

The Board agrees with paragraph 16 and submits the following resolution:

Whereas concern has been expressed that, for the public good, too many specialties may develop, therefore be it

Resolved that the existing policy of this Association with respect to specialties be reviewed, and be it further

Resolved that a moratorium be declared on the recognition of any additional specialties until the report of the review has been presented to the Board of Governors.

ADOPTED

Moved by Yule, Seconded by Bruce:

That the report of the Specialists and Specialization Committee be adopted as amended.

ADOPTED

REPORT

1. The Treasurer's report this year consists mainly of appended material which has been given careful and detailed study by the Executive Council and which merits careful examination by the Board.
2. The audited financial statement in Appendix A has been approved by the Executive Council. Comments on the 1965 statement appear in Appendix B.
3. Several other statements are appended for your information:
 - (a) statement of 1965 revenue and estimated revenue for 1966 (Appendix C)
 - (b) statement of 1965 expenditure and estimated expenditure for 1966 (D)
 - (c) analysis of 1965 revenue and expenditure (E)
 - (d) bond holdings (F and G)
4. With regard to 1967, the following material is appended for your consideration:
 - (a) 1967 budget requests (H)
 - (b) comments on 1967 budget (I)
 - (c) estimate for 1967 revenue (J) and expenditure (K). The Executive Council has approved these estimates, and I submit them for consideration of the Board.
5. The Executive Council has re-appointed the auditors for 1966.

COMMENT AND ACTION

The Treasurer's report is indeed a detailed document of the financial affairs of the Canadian Dental Association. The burgeoning of Association affairs and their resultant escalation of costs have created critical financial aspects. The individual members of the Board of Governors should be encouraged to provide a vigorous educational program so that the corporate members may be acquainted with the scope of the problems and its only reasonable solution — an increase in corporate member grants.

Moved by Edgecombe, Seconded by Bernier:
That the report of the Treasurer be adopted.

ADOPTED

CANADIAN DENTAL ASSOCIATION BALANCE SHEET
December 31, 1965

<i>Assets</i>			
<i>General Account:</i>			
Cash		\$ 18,430	
Accounts receivable		748	
Prepaid expenses and air travel deposit		1,529	
Land, 234 St. George Street, Toronto, at cost		5,100	
Building, 234 St. George Street, Toronto, at cost	\$193,239		
Less Accumulated depreciation	31,644	161,595	
Furniture and fixtures, at cost	72,487		
Less Accumulated depreciation	37,139	35,348	\$222,750
<i>War Memorial Award Fund:</i>			
Cash		538	
Government, government guaranteed bonds, and guaranteed investment certificate at cost (market value \$8,139)		8,623	
Interest accrued		147	9,308
<i>The Grieve Memorial Lectureship Fund:</i>			
Cash		437	
Government and government guaranteed bonds, at cost (market value \$4,998)		5,348	
Interest accrued on bonds		74	5,859
<i>Library Trust Fund:</i>			
Cash		40	
Books	13,039		
Less Accumulated depreciation	13,038	1	41
<i>Reserve Fund:</i>			
Cash		25,909	
Government, government guaranteed bonds, and guaranteed investment certificates at cost (mar- ket value \$195,203)		204,273	
Interest accrued		3,331	233,513
<i>Employees' Pension Account:</i>			
Cash			2,881
			<u>\$474,352</u>

*Liabilities and Surplus**General Account:*

Accounts payable to suppliers	\$	3,145	
Unexpended balance of grant from National Cancer Institute		512	
Surplus, December 31, 1964	\$249,380		
Deficit for year 1965	30,287	219,093	\$222,750

War Memorial Award Fund:

Surplus, December 31, 1964	9,195		
Surplus for year 1965	113		9,308

The Grieve Memorial Lectureship Fund:

Surplus, December 31, 1964	5,846		
Surplus for year 1965	13		5,859

Library Trust Fund:

Accounts payable	74		
Surplus, December 31, 1964	425		
Deficit for year 1965	458	(33)	41

Reserve Fund:

Surplus, December 31, 1964	210,979		
Surplus for year 1965	22,534		233,513

Employees' Pension Account:

Account payable	2,592		
Surplus, December 31, 1964	230		
Surplus for year 1965	59	289	2,881

\$474,352

TREASURER

GENERAL ACCOUNT
STATEMENT OF REVENUE AND EXPENDITURE
 Year ended December 31, 1965

Revenue

Grants from corporate members:		
British Columbia	\$ 29,320	
Alberta	20,360	
Saskatchewan	7,680	
Manitoba	10,960	
Ontario	101,272	
Quebec	36,925	
New Brunswick	4,000	
Nova Scotia	8,200	
Prince Edward Island	1,272	
Newfoundland	1,520	221,509
National convention, 1965		1,467
Advertising, CDA Journal		74,197
Subscriptions, CDA Journal		1,364
Sale of publications, other than Journal		10,659
Council on Research:		
Donations	3,000	
Transfers from The Canadian Dental Research Foundation	763	3,763
Associate membership		911
		\$313,870

Expenditure

CDA Journal:		
Printing	40,868	
Commissions	26,021	
Cuts and postage	4,105	70,994
Federation Dentaire Internationale		1,806
Grant to Library Trust Fund		1,500
Grant to Canadian Fund for Dental Education		5,000
Royal College of Dentists of Canada		4,714
Fellowships and studentships		14,135
Salaries		112,261
Officers' and employees' pension plan		9,071
Unemployment insurance		532
Health insurance		2,480
Expense reimbursements		21,250
Annual meeting		13,303
Legal and audit		1,243
Contingency Fund		6,524
Publication expenses, other than Journal		30,014

Translations	759
Office supplies and miscellaneous expenses	7,810
Telephone and telegraph	2,210
Postage	4,410
Depreciation, building	4,831
Depreciation, furniture and fixtures	5,499
Repairs and maintenance	3,182
Transfer to Reserve Fund	12,500
Insurance	1,259
Light water and power	2,732
Taxes	3,718
Workmen's compensation	50
Loss on disposal of fixed assets	370
	\$344,157
<i>Deficit for year, after giving effect to the transfer of</i> <i>12,500 to Reserve Fund</i>	<i>30,287</i>
	\$313,870

WAR MEMORIAL AWARD FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1965

<i>Revenue</i>	
Bond interest	\$395
Bank interest and exchange	14
Profit on sale of bonds	4
	\$413
<i>Expenditure</i>	
Essay awards	300
<i>Surplus for year</i>	<i>113</i>
	\$413

THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1965

<i>Revenue</i>	
Bond interest	\$245
Bank interest	13
	\$258
<i>Expenditure</i>	
Orthodontic Section of Canadian Dental Association	245
<i>Surplus for year</i>	<i>13</i>
	\$258

TREASURER

LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1965

Revenue	
Grant, Canadian Dental Association, from General Account	\$1,500
Bank interest	24
Donations	19
	<u>\$1,543</u>
Expenditure	
Binding books, journals, etc.	657
Depreciation, books	1,343
Bank charges	1
	<u>2,001</u>
Deficit for year	458
	<u>\$1,543</u>

RESERVE FUND
STATEMENT OF REVENUE
Year ended December 31, 1965

Transfer from General Account	\$12,500
Interest on bonds	9,508
Bank interest	443
Profit on sale of bonds	83
	<u>\$22,534</u>
Surplus for year	

EMPLOYEES' PENSION ACCOUNT
STATEMENT OF REVENUE
Year ended December 31, 1965

Bank interest	\$59
	<u>\$59</u>
Surplus for year	

Appendix B

COMMENTS ON THE FINANCIAL STATEMENT FOR 1965

- A. Deficit
1. The budgeted deficit for 1965 was \$37,000. The actual amount was \$30,287, which included a transfer to the reserve account of \$12,500. Recognizing that budget estimates are usually designed to err on the low side for revenue and on the high side for expendi-

tures, it is encouraging to note that revenue for 1965 exceeded the estimates by better than \$17,000. The large items making up this unanticipated revenue were Ontario's grant, Journal advertising, and a grant from Procter and Gamble, Company, Limited.

2. Total actual expenditures, less the \$12,500 that was transferred to reserve, but not included in the budget, were very close to the estimated figure. The accuracy of these predictions would again give reason for satisfaction if it were not for the fact it was a deficit budget, and the Association should not, and can not, continue for long on such a basis.
3. On request, the auditors have provided a statement of working capital for the years 1964, 1965, and anticipated for 1966. See Appendix B1. It is proposed that such a statement should be prepared annually by the auditors and become a part of their annual audit report.
4. In the statement attention is drawn to the difference between working capital figures at the end of 1964 (\$75,130) and the anticipated deficiency for the end of 1966 (\$3,200). Cash balances of \$89,127 at the end of 1964 and a minus figure of \$3,200 projected for the end of 1966 should also be studied carefully.
5. It is obvious from this statement that some changes are necessary and either more revenue must be found or expenditures reflecting services to the profession curtailed.

B. *Reserve Account*

6. \$30,000 from the reserve cash account was invested in 1965 in short term guaranteed certificates, with the Royal Trust Company. Because the need to borrow from the reserve account seemed likely within the near future, this method of investment was chosen.
7. It was, in fact, necessary to borrow \$5,000 from this account in March 1965. The loan was repayed in June 1965.

C. *Furniture and Fixtures*

8. During 1965 new furniture and fixtures, including a new printing press, desks, typewriters, and other office equipment were purchased. The total cost was \$9,146. These items, being considered capital expenditures, have not been included in the list of operating expenditures. The difference between the purchase price of this equipment and the auditors' estimate of depreciation, shows as an addition to the furniture and fixture item, in the general account, which, in the 1965 statement, is \$72,487, as compared with \$67,977 in 1964.

D. *General Account*

9. Balance in the general account, December 31, 1965, was \$18,430.

GENERAL ACCOUNT

Statement of Working Capital

Years Ended

	1966	1965	1964
Loss for year	\$32,750*	\$30,287	\$11,651
<i>Less:</i> Items not involving an outlay of cash:			
Depreciation	12,500	10,330	9,767
Loss or profit on sale of fixed assets		370	(240)
	\$12,500	\$10,700	\$ 9,527
<i>Net cash loss from operation</i>	20,250	19,587	2,124
<i>Add:</i> Purchase of new equipment		9,146	21,792
Addition to building			31,406
	20,250	28,733	55,322
<i>Less:</i> Cash from sale or trade in furniture ..		735	240
	20,250	27,998	55,082
<i>Less:</i> Transfer from reserve fund			25,000
<i>Decrease in working capital</i>	20,250	27,998	30,082
Working capital at beginning of year	17,050	45,048	75,130
Working capital (deficiency) at end of year	(\$3,200)	\$17,050	\$45,048
*Budget expenditure	\$332,000		
Budget revenue	299,250		
	\$ 32,750		

Comment:

Working capital consists of cash, accounts receivable, prepaid expenses and air travel deposit less accounts payable and unexpended balance of grant from National Cancer Institute. Note that working capital has decreased from \$75,130 at the beginning of 1964 to a budgetted deficiency of \$3,200 at the end of 1966, principally due to an accumulated shortage of revenue compared with expenditure of \$41,961 and the purchase of additional fixed assets (building addition and furniture and equipment amounting to \$37,344). Since cash on hand is the most important item in working capital, the real measure of the decrease is indicated by the following cash balances:

Beginning of 1964	89,127
End of 1964	42,531
End of 1965	18,430
End of 1966 (shortage or overdraft)	(3,200)

Appendix C

STATEMENT AND ESTIMATE OF REVENUE
1965 - 1966

	<i>1965 Budget</i>	<i>1965 Actual</i>	<i>1966 Budget</i>
Grants from Corporate Members:			
British Columbia	\$ 28,000	\$ 29,320	\$ 28,900
Alberta	19,500	20,360	19,900
Saskatchewan	7,500	7,680	7,300
Manitoba	11,000	10,960	10,900
Ontario	98,500	101,272	101,500
Quebec	35,000	36,925	36,000
New Brunswick	4,000	4,000	4,000
Nova Scotia	8,400	8,200	8,300
Prince Edward Island	1,250	1,272	1,200
Newfoundland	1,200	1,520	1,250
Advertising — CDA Journal	68,000	74,197	68,000
Subscriptions — CDA Journal	1,200	1,364	1,200
Publications — other than Journal	10,000	10,659	8,000
Annual Convention	1,000	1,467	1,000
Associate Memberships	1,000	911	1,200
Can. Dent. Res. Foundation — interest	600	763	600
Donation — re Research		3,000	
Totals	\$296,150	\$313,870	\$299,250

Appendix D

STATEMENT AND ESTIMATE OF EXPENDITURES
1965 - 1966

	<i>1965 Budget</i>	<i>1965 Actual</i>	<i>1966 Budget</i>
Studentships	\$ 13,000	\$ 14,135	\$ 14,000
Journal — Printing	42,000	40,868	43,500
— Commissions	23,750	26,021	25,000
— Cuts and postage	3,500	4,105	4,200
Federation Dentaire Internationale	1,800	1,806	1,800
Salaries	108,000	112,261	99,500
Pension Plan	9,000	9,071	8,000
Unemployment Insurance	500	532	500
Health Insurance	2,200	2,480	2,200
Expense Reimbursements	28,000	21,250	28,400
Annual meeting	15,000	13,303	16,000
Legal and audit	1,250	1,243	1,250

TREASURER

Publications — other than Journal	28,690	30,014	28,000
Library	1,500	1,500	1,500
Translations	1,000	759	1,000
Office supplies and expenses	6,000	7,810	7,500
Telephone and telegraph	2,000	2,210	2,000
Postage	4,500	4,410	4,500
Insurance	900	1,259	900
Repairs and maintenance	2,000	3,182	2,000
Light, heat and water	2,750	2,732	2,750
Taxes	3,500	3,718	3,500
Contingency fund	10,000	6,524	10,000
Depreciation	12,500	10,330	12,500
Sundry	500	420	500
Canadian Fund for Dental			
Education	5,000	5,000	5,000
Royal College of Dentists	5,000	4,714	3,000
Transfer to reserve		12,500	
1967 Convention			3,000
Totals	\$333,150	\$344,157	\$332,000

Appendix E

AN ANALYSIS OF REVENUE AND EXPENDITURES, 1965

Revenue

1. *Ontario* — The 1965 budgeted grant from the corporate member of Ontario was estimated in 1964 on the basis of the actual amount for 1963, which was \$97,560. In the interval, the number of dentists licensed in Ontario rose sufficiently to account for an increase of nearly \$3,000 over the budgeted amount.
2. *Journal Advertising* — Commendation is due Mr. Gordon Allen, the Advertising Manager of the Journal, for being instrumental in increasing the advertising revenue approximately \$6,000 over and above his estimate for 1965.
3. Mr. Allen advises that an increase in printing costs developed during 1965 to about 12 per cent overall. To offset this increase, our rates to advertisers had to be raised and it is expected that this will have a deleterious effect on advertising revenue for 1966.
4. *Annual Convention* — The 1965 Annual Convention was a success financially as well as other ways. On the basis of a 50 per cent division, the CDA's share of the profit was \$1,467.
5. *Council on Research* — The Association was again indebted to Procter and Gamble Company for a donation of \$3,000 to be used in the promotion of dental research.

Expenditures

6. *Salaries* — Additional personnel both at headquarters and in the Journal office in Montreal accounted for the increase over the budgeted amount.
7. *Publications other than Journal* — Items such as film products and film distribution, a page in *Canadian High News*, and the Transactions, along with the usual typesetting, paper, and other raw materials, are included under this heading. The total cost was \$30,014. Income from the printed material was \$10,659.
8. *Contingency Fund* — The main items included in this expenditure for the year were Dental Assistants' Conference, Science Fair Awards, IBM services in connection with the 1963 Dental Survey, Canadian Education Week grant, and expenses re the History of Dentistry in Canada.

Appendix F

*BOND CHANGES — 1965**War Memorial**Bonds sold*

Province of Ontario	\$ 1,000	3 %	Apr. 15, 1965	\$ 998.75
Province of Manitoba ..	1,000	3 %	Feb. 16, 1967	965.00
Prov. of Nova Scotia	1,000	3 %	Dec. 15, 1967	952.50
Ont. Hydro Elect. Com.	1,000	3 %	Jan. 15, 1968	955.00

Bonds purchased

Eastern Chart. Trust ..	4,000	5½ %	Mar. 16, 1970	4,000.00
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*Reserve Fund**Bonds sold*

Government of Canada	1,000	3¼ %	June 1, 1976	} 2,546.25
Government of Canada	2,000	3¼ %	June 1, 1976	
Government of Canada	15,000	5½ %	Apr. 1, 1969	15,337.50
Province of Ontario	4,000	3 %	Sept. 1, 1965	3,970.00
Hydro Elect. Power				
Com. of Ontario	2,000	4¼ %	July 15, 1969	1,940.00

Bonds purchased

Canadian Nat. Railway	5,000	4 %	Feb. 1, 1981	} 9,638.75
Canadian Nat. Railway	5,000	4 %	Feb. 1, 1981	
Canadian Nat. Railway	1,000	4 %	Feb. 1, 1981	
Canadian Nat. Railway	1,000	4 %	Feb. 1, 1981	878.75
Eastern Chart. Trust ..	10,000	5½ %	Mar. 16, 1970	10,000.00

Royal Trust (short term investment)	30,000	(-4.95 %)	May 16, 1966	30,000.00
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Hydro Elect. Power

Com. of Ontario	1,000	4¾ %	Aug. 15, 1975	} 2,917.50
Hydro Elect. Power				
Com. of Ontario	1,000	4¾ %	Aug. 15, 1975	} 2,917.50
Hydro Elect. Power				

Com. of Ontario	1,000	4¾ %	Aug. 15, 1975	
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BONDS ON HAND — December 31, 1965*War Memorial Scholarship Fund*

Eastern Chartered Trust	\$ 4,000	5½ %	Mar. 16, 1970
Gov't of Canada	2,500	4½ %	Sept. 1, 1963 (Conversion Loan)
Province of Ontario	1,000	4¼ %	May 15, 1971/74
Prov. of Quebec Debentures	1,000	6 %	Oct. 15, 1988

Grieve Memorial Lectureship Fund

Gov't of Canada	3,500	4½ %	Sept. 1, 1983 (Conversion Loan)
Gov't of Canada	1,000	4½ %	Sept. 1, 1983 (Conversion Loan)
Hydro-Electric Power Comm of Ont. (Guaranteed by Prov.)	1,000	4½ %	Nov. 1, 1964/67

Reserve Fund

Gov't of Canada	15,000	5¼ %	Oct. 1, 1967
Gov't of Canada	1,000	3¼ %	Oct. 1, 1967
Gov't of Canada	10,000	3¼ %	Oct. 1, 1967
Gov't of Canada	5,000	3¼ %	Oct. 1, 1967
Gov't of Canada	10,000	3¾ %	Jan. 15, 1978
Province of Ontario	1,000	4 %	Jan. 1, 1966/68
Province of Ontario	3,000	4¼ %	May 15, 1971/74
Province of Ontario	15,000	5 %	July 15, 1975
Province of Ontario	2,000	4¼ %	May 15, 1971/74
Province of Quebec	1,000	4 %	Apr. 15, 1966
Province of Quebec	5,000	5¾ %	Feb. 1, 1986
Province of Prince Edward Is.	1,000	4¼ %	Dec. 1, 1967
Province of New Brunswick	1,000	3¾ %	Apr. 15, 1970
Province of Nova Scotia	5,000	5 %	Dec. 15, 1973
Manitoba Telephone	10,000	5½ %	Dec. 2, 1986
Alberta Government Tele- phone Debentures	2,000	4¼ %	July 2, 1978
Alta. Municipal Finance Corp.	10,000	5½ %	Apr. 1, 1983
Hydro Elec. Power Comm. of Ont.	500	3 %	Apr. 1, 1968/70 (Guar. by Prov.)
Hydro Elec. Power Comm. of Ont.	2,000	4¾ %	Aug. 15, 1975 (Guar. by Prov.)
*Hydro Elec. Power Comm. of Ont.	3,000	4¾ %	Aug. 15, 1975 (Guar. by Prov.)
Hydro Elec. Power Comm. of Ont.	5,000	5 %	Nov. 15, 1976 (Guar. by Prov.)
Hydro Elec. Power Comm. of Ont.	5,000	5 %	Oct. 15, 1978 (Guar. by Prov.)
Hydro Elec. Power Comm. of Ont.	10,000	5 %	Nov. 15, 1976 (Guar. by Prov.)

TREASURER

Quebec Hydro-Elect. Com.	25,000	5½ %	Mar. 1, 1984 (Sinking Fund Deb.)
**Canadian National Railway	3,000	3¾ %	Feb. 1, 1972/74
**Canadian National Railway	5,000	4%	Feb. 1, 1981
**Canadian National Railway	11,000	4%	Feb. 1, 1981
**Canadian National Railway	1,000	4%	Feb. 1, 1981
Eastern Chartered Trust	10,000	5½ %	Mar. 16, 1970
Royal Trust Company	30,000	Short term investment due May 16, 1966	
Hydro-Electric Com. (Guar. by Province of Quebec)	1,000	5%	Nov. 15, 1982
* (3 x \$1,000)			
** (Guaranteed by Government of Canada)			

1967 BUDGET REQUESTS
Councils, Committees, Bureaux

	Expense Reimb.	Insur. on Building	Light, Heat & Water	Other Admin. Expenses	Publications other than Journal	Repairs & Maintenance	Salaries	Student-ships & Fellow-ships	Sundry	Taxes	Totals
Councils											none
Cons. & By-laws											7,800
Education	*6,800						1,000				
(Apt. Test)											
(Nat. Recrmt C.)	*800				2,700						3,500
(War Mem.)									50		50
Ethics											none
Executive	2,500										2,500
(Expo '67)											
(Insr)	1,250										1,250
Journalism	1,500			10,430			27,900				39,830
Legislation	140								25		165
Public Health	1,000				1,000						2,000
Research	1,000							*16,000	500		17,500
Committees											
Auxiliary Services	*3,500										3,500
Convention											
Dental Services	1,000				500				250		1,750
Hospital Services	*2,100								*550		2,650
Nominations											
Property	100		2,750				5,000			4,300	14,150
Specialists	475								25		500
Bureaux											
Public Information	500				*8,250						8,750
Economic Research											

* Items for which revision is proposed.

COMMENTS ON THE 1967 BUDGET

1. Budget items for 1967 are shown on separate pages this year because it is proposed to change the format somewhat, and while the entries cover the usual items, it will be difficult to compare some of the 1967 entries with those of previous years. The changes are proposed to try to make the annual statements easier to read and at the same time provide a maximum of financial detail.
2. On advice from the auditors, an attempt is being made to budget for furniture and fixtures. This has not been done in the past, on the basis that these were capital expenditures, and should not be included in the annual list of expenses. For budgeting purposes however, and so that a more accurate dollar picture can be provided to the membership at the end of each fiscal year, it is suggested that this method be tried.
3. A serious attempt has been made to provide a balanced budget for 1967. If this is to be the objective, it will mean that not all budget askings can be completely fulfilled. On the other hand, a balanced budget seems the logical objective for a responsible professional organization.
4. Both revenue and expenditure estimates have been scrutinized as carefully as possible. It must be realized that the final estimates are, at best, educated guesses. On the other hand, unless actual expenses are held within the estimated ranges, no financial controls are possible.
5. Each individual item is important in itself, and every new suggestion for improved services to the profession is worthy of serious consideration. It must however, be related to the total operation before its true worth can be assessed. Unless additional sources of revenue can be found, the introduction of new or additional services will, in all probability, mean the elimination of others to which the profession has become accustomed.
6. In paragraph 3 above, it is stated that not all budget requests can be granted if the 1967 budget is to balance. The proposed estimates for 1967 reduce requests by the following amounts:

(i) Expense reimbursements for Council on Education	\$ 200
(ii) National Recruitment Committee	800
(iii) Council on Research studentship and fellowship allotments	4,000
(iv) Auxiliary Services Committee expense reimbursements	1,000
(v) Bureau of Public Information	6,750
(vi) Hospital Services Committee expense reimbursements	1,900
A total of	\$14,650
7. These reductions, if approved, will mean that for 1967, there will be no meeting of the National Recruitment Committee; fewer research studentships and fellowships can be offered; the Conference for Dental

TREASURER

Technicians proposed by the Auxiliary Services Committee may need financial assistance from outside the Association; no new TV filmlet will be made available during the year; and the conference as proposed by the Hospital Services Committee will have to take a more restricted form.

8. Another change that is proposed is to remove the Journal advertising revenue and the costs of commissions, cuts, and printing in respect to the Journal operation from the total budget figures. As these moneys are handled completely outside the headquarters' operation, and only the resulting profit or loss actually enters the Association's books, their inclusion in our budget gives an inflated picture of the actual financial operation of the Association.
9. Information on the individual items will, of course, be available, but it is recommended that only the profit or loss between the advertising revenue and the production costs of the Journal be entered into our revenue and expenditure totals for the year.

Appendix J

ESTIMATE OF REVENUE 1967

Associate Memberships	\$ 1,000
Grants from Corporate Members	
British Columbia	30,000
Alberta	20,500
Saskatchewan	7,800
Manitoba	10,900
Ontario	102,000
Quebec	58,000
New Brunswick	4,200
Nova Scotia	8,300
Prince Edward Island	1,200
Newfoundland	1,500
National Convention	5,000
Sale of Publications other than Journal	10,000
Subscriptions (CDA-J)	1,300
Transfer of interest from C.D.R.F.	700
Total	<u>\$262,400</u>

Appendix K

ESTIMATE OF EXPENDITURES 1967

Annual Board Meeting	\$ 14,000
Bank Charges & Exchange	400
Contingency Fund	6,000
Conventions — 1967 and 1968	4,000
Expense Reimbursements	31,500
Furniture & Fixtures	1,500

TREASURER

Grants:

Canadian Dental Nurses & Assistants Association	300
Canadian Education Week	100
Canadian Fund for Dental Education	6,000
Federation Dentaire Internationale	1,950
Library	1,500
Research (Fellowships & Studentships)	12,000

History of Dentistry	500
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Insurance:

Travel	850
Sickness	300
Building (pd. in advance)	
Fidelity	100

Journal:

Commission	\$24,850
Production costs	48,800

	<u>73,650</u>
Less advertising revenue	73,000

650

Legal and Audit	1,800
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Office Expenses	8,500
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Postage	4,800
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Property Expenses:

Light, Heat & Water	2,800
Repairs & Maintenance	5,000
Taxes (City)	4,300

Publications other than Journal (translations)	21,000
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Salaries	116,500
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Salary expenses:

CDA Pension Plan	9,000
Canada Pension Plan & Quebec	1,200
Health Insurance (Dental, OHSC, PSI)	2,700
Unemployment Insurance	600
Workmen's Compensation	60

Telephone & Telegraph	2,400
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Total	<u>\$262,310</u>
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MEMBERS: *L. Lepine, Chairman, Montreal; D. J. Munro, Montreal; S. Silver, Montreal; G. Pelletier, Montreal; J. Belanger, Montreal.*

REPORT

1. A unanimous vote of thanks for the very helpful services Dr. Gilles Baril has rendered the committee during his term as chairman.
2. The 1965-66 essay competition just ended was entitled, "Dental Calculus: the Mechanism of its Formation and its effect on Oral Health". The French translation is: "Du Mécanisme de Formation des Calculs Dentaire et de leur Importance en Stomatologie".
3. There were eight entries; two from each of the following dental faculties: Alberta, McGill, Montreal and Toronto.
4. The expiry date, although now advanced to the 15th of March, was followed without any delay.
5. The two entries that were given the highest marks by the three assessors were:
First: Mr. Gérard Archambault, University of Montreal
Second: Mr. Yvon Simard, University of Montreal
As usual, they have been notified of their successful presentations by the secretary of the CDA.
6. An honorable mention should be made of Mr. J. M. Brisley's essay, a Toronto dental faculty entrant, which was classified a close third.
7. May we point out that, in the case of the first winner, who by the way wrote his presentation in English, his essay unanimously received unusually high marks.
8. One essay was disqualified on three grounds; for changing the title and by that omitting the second part of the required subject and finally, for stating erroneous references.
9. The examining committee, who so generously gave their time and impartial appreciation for the competition, was composed of Drs. Oscar Sykora, H. Muhlstock and Zdenek Mezl, all of them involved in dental teaching. Dr. Mezl, may we add, has been for some time involved in research on dental calculus.
10. The judges made two observations encountered in some of the essays:
(a) The references given were false.
(b) The bibliography often included articles that have no bearing on the subject developed.
11. The committee wishes to comment on one thing that happens too often in the presentation, that the teachers in charge of these essays very often write comments or remarks in the margin of pages where necessary. These remarks could place the assessors in delicate evaluating positions. This observation has been made very clearly last year and we wish to repeat it.

12. In order to accelerate correction by the judges, may we suggest that three or at least two copies of each entry be sent instead of the usual single one. The correction time is often delayed by the Easter holiday and the committee does not have much time left to study the report of the judges and to make its own report.

13. The reservoir of titles appears in Appendix A.

14. There is no change in the budget for the coming term.

COMMENT AND ACTION

The report of the War Memorial Awards Committee is basically informative. Since this is the last report to be presented to the Board by the Committee, a special word of appreciation is extended to the Committee members and in particular to Dr. L. Lepine, who kindly agreed to resume chairmanship of the Committee for this, its last year of operation.

Essay Judges

It is suggested that the Secretary write to the three judges named in paragraph 9 of the report to express the thanks of the Association for the services they have rendered.

Essays

It is recommended that the observations of the Committee with respect to the problems involved in processing the essays, as discussed in paragraphs 11 and 12, be brought to the attention of the War Memorial subcommittee of the Council on Education.

Moved by Brouillet, Seconded by Coupland:

That the report of the War Memorial Awards Committee be adopted as amended.

ADOPTED

Appendix A

1966-67	<i>Title:</i>	Occlusion: Its Significance to the Maintenance of the Natural Dentition.
	<i>Translation:</i>	L'Importance de l'Occlusion dans la Conservation de la Denture Naturelle.
	<i>Reason:</i>	Occlusion is a factor dependent upon every field of dentistry.
1967-68	<i>Title:</i>	Protection of the Pulp as Related to Restorative Procedures.
	<i>Translation:</i>	De la protection de la Pulpe en regards des Restorations Dentaires.
	<i>Reason:</i>	The best restorations are worthless if they are supported by teeth whose pulp have been inadvertently damaged.

Reservoir of Future Titles

(a)	<i>Title:</i>	A comparative study of the modern concepts of endodontic treatment.
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WAR MEMORIAL AWARDS

- Translation:* Une étude comparative des idées actuelles en Endodontie.
- Reason:* The average graduate being usually more familiar with a given technique of endodontic therapy, it is very important that he also familiarize himself with the various concepts of treatment that are available today.
- (b) *Title:* The etiology and manifestation of temporomandibular joint disturbances.
- Translation:* Pathologie de l'Articulation Temporo-Manibulaire, son Etiologie et ses manifestations Cliniques.
- Reason:* The importance of temporomandibular joint in the routine practice of dentistry is too frequently forgotten. An increasing number of difficulties associated with T.M.J. disturbances are being recognized and many of them are associated with aberrations of the masticatory mechanism.
- (c) *Title:* Endocrines: their relationship to dental development and their effect on the teeth and supporting structures.
- Translation:* Des endocrines; leurs rôles dans le développement dentaire et leurs actions sur les dents et les tissus de maintien.
- Reason:* Research has proved the tremendous influence of endocrines on development of teeth and also on the teeth themselves and on dental structures.

*ANNUAL MEETING
CANADIAN DENTAL ASSOCIATION*

The annual luncheon meeting of the Canadian Dental Association was held in the Nova Scotian Hotel, Halifax, at 12.30 p.m. on Monday, June 13, 1966. Dr. Philip S. Christie, the retiring President, presided.

Immediately preceding the Luncheon the Invocation was expressed by the Immediate Past President, Dr. Rémy Langlois, followed by a toast to the Queen.

PRESIDENT CHRISTIE: Before proceeding with the program today I should like to read a telegram just received:

“Edith and I sorry we are not able to be with you. Our best wishes to you and Barbara and all who worked so hard for the best convention ever. Edith and Harvey Reid.”

(Applause)

Now, it is customary, as has been our pleasure for a goodly number of years, to have a representative of the American Dental Association with us at this luncheon. Each year we invite the President. Sometimes he is able to come; sometimes he is not. We are very sorry that this year President Hine is unable to be with us at this luncheon, owing to the exigencies of his schedule, but we rejoice in the presence of his Vice-President, Dr. Lyboldt of Rochester, New York, and I will now ask him to bring the greetings from the American Dental Association. (Applause)

GREETINGS FROM AMERICAN DENTAL ASSOCIATION

DR. H. S. LYBOLDT: Mr. Chairman, Guests at the Head Table and Members of the Canadian Dental Association: It is with great pleasure that I bring to you greetings from the American Dental Association. As Dr. Christie just said, Dr. Hine, our President, sends his regrets that he is unable to be here in person, but he instructed me to assure you that he is with you in spirit. He realizes that my good fortune is his loss and he stressed many times how sorry he is that a conflict in his schedule prevented his coming here.

Mrs. Lyboldt and I are are most grateful for your very, very generous hospitality. You are most gracious hosts and hostesses. We were with many of you in Toronto and it is wonderful to renew these acquaintances again.

The Canadian Dental Association and the American Dental Association are names for two organizations of hard-working, devoted men with high ideals for safeguarding the dental health of our people. The only thing that separates our thinking and ideals is an imaginary line. May we always have the common understanding that we have enjoyed for many years.

My compliments to the hard-working dentists of the Canadian Dental Association for your many, many accomplishments and contributions to dentistry. May you have a very successful, informative and productive meeting, and may the Lord bless us all with the health, knowledge and the determination to serve our societies and our professions. I thank you. (Applause)

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PRESIDENT CHRISTIE: Thank you very much, Dr. Lyboldt. Your sentiments about the almost-union that exists between our two Associations I am sure are reciprocated very heartily by the members of the C.D.A.

PRESIDENT'S ADDRESS

Now, Ladies and Gentlemen, it is my great privilege to welcome you to the Annual Meeting of the Canadian Dental Association for the year 1966.

The By-laws of the Association stipulate that the President shall deliver an address and of the Presidents that have preceded me, almost all have used it to justify their getting up and imposing on your time at this luncheon. The By-laws of the Association do stipulate that the President shall deliver an address at the Annual Meeting and I propose to discharge that duty now.

The Convention Committee has worked with enthusiasm to provide a well-balanced program which, it is hoped, you will find both enjoyable and informative. Last evening I think we got off to a running start. Dr. Bill Coleman, the General Chairman, and his Committee, deserve our thanks and appreciation.

You may be interested to know that your co-host with the C.D.A., the Nova Scotia Dental Association, this year marks its 75th anniversary.

For four days last week the Board of Governors, which is the supreme legislative assembly of this Association, held its annual session to deal with the accumulated business of the last year and to set the course for the next year. In time the results of these deliberations will be published as the *Transactions*, 1966 which are sent to all members of the C.D.A.

I suggest that the *Transactions* should be regarded as required reading for all members of our profession in Canada. This book, the *Transactions*, does lack something of the compelling interest of a novel just off the censor's list, it has nothing in sex appeal and that sort of thing, but it does provide information and perspective on the position of the profession and some indication of the direction in which the profession is moving.

The Board this year operated upon a new format of procedure. I will not attempt to explain the new format here but the result will provide a more concise record and, one would hope, one more readily comprehended.

It is evident that in all parts of the country there exists lack of information and misinformation about the Association's attitudes and policies and about the structure of the Association, in particular the fact that it is based upon the corporate members which are provincial organizations.

Information upon these facts is distributed to the membership by various media: by the *Journal* of the C.D.A. which is received by all members; by the *Transactions* which are published in due course and reach all members; and by the *Bulletin* which is a news bulletin produced following the annual meeting and which comes to you quite rapidly giving the highlights of what went on at the Governors' meeting. The first and best means of communication is perhaps by the Governors themselves. With this in mind the Executive Council proposed to the Board, and the Board adopted, a list of duties which each Governor should attempt to discharge in his constituency. Communication is, of course, a two-way street. It is hoped that provincial associations

and local societies will seek out the Governor to address their organizations and will provide him opportunities to speak when he asks for them. In return it is hoped that the Governor will be informed of the attitudes of his constituents upon matters of mutual concern to the provincial and national bodies.

Taken in the context of our time with the Hall Commission (the Royal Commission on Health Services) forming a background, one of the most important reports to come before the Board was that of the Auxiliary Services Committee.

Several provinces, either by necessity, due to provincial legislation, or by virtue of autogenous stimulation, have moved to extend the duties of the dental hygienist. The Report of the Auxiliary Services Committee goes into this situation in some detail and points out that these extensions of duties vary considerably from province to province and may become more diverse as more provinces act on this subject.

The Association policy has called for extension of duties of auxiliaries as a means of extending dentists' services more widely to the populace. In itself this is agreed to be a good thing, but if there is too much diversity in the extension of duties between the provinces and between the schools of dental hygiene the result will have serious deleterious aspects. First, it will restrict the movement of dental hygienists from province to province; their training may be insufficient for licensure in a second province and may be excessive for licensure in a third. Secondly, excessive diversity will result in great difficulties of mutual recognition if schools of dental hygiene adhere closely to provincial legislative definitions of extent of training. As a result of these considerations the Board has directed that an attempt be made to resolve this developing difficulty.

In conformity with the directive of the Board last year, the Council on Education is in the process of setting up an Aptitude Testing Program for applicants to dental schools beginning with the year 1967-68. While this program is not designed to be the sole arbiter in the selection of applicants it will be of great assistance in choosing the most promising students.

At the direction of the Executive Council, the Secretary has, under the administration of the Director of the Bureau of Economic Research, collected and collated all available information regarding "illegal practice and the activities and methods of dental mechanics seeking the legal right to deal directly with the public". It is hoped that this information and collected information regarding methods used to combat this growing difficulty will be useful to those provinces which have still to encounter the problem. Techniques which have been found to be effective can thus be passed from one jurisdiction to another, and ineffective techniques can be discarded or avoided. The virtues of cohesion of the profession in the face of what is evidently a coherent attack need not be emphasized.

Last year in Quebec the Board approved the C.D.A. Statement on the Recommendations of the Hall Commission and directed that this Statement be presented to the Minister of National Health and Welfare as soon as possible. This directive was carried out on June 23rd of last year. During the conversation following the presentation, the Minister, among other things,

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stated that if possible the dental profession would be consulted before the government took any action on a dental program.

Since then a new Minister has taken over the Health and Welfare portfolio and, judging by an address made by Mr. MacEachen to the Hamilton Academy of Dentistry in April, two deductions may be made. One, he is reasonably sympathetic to the position dentistry has taken; and two, a dental program is quite definite for some time in the future. Suggestions were made at the Board meeting last year that the C.D.A. reaction to the Hall Report was hasty, precipitate and unnecessary since a dental program was a dead issue. These now seem to be without foundation.

You will remember that in its statement the C.D.A. declared itself against the Children's Dental Treatment Program as envisaged by the Royal Commission but recognized that the government might very well institute one anyway. Therefore, it was suggested that certain stated principles should govern such a program and, in addition, listed those dental services which would have to be included in a treatment program.

These two listings — one of principles, one of dental services — do not, of course, constitute a program or a plan. The Board, being aware of this, has authorized that a Dental Health Plan for Children be developed so that, should it become evident that the government was developing such a program, the Association would be in a position to present its plan and to present carefully thought out alternatives to objectionable features of the government's plan. This would seem to be a reasonable step to take to ensure the Association's being able to negotiate from a prepared position.

Many other matters were considered by the Board but time does not allow discussing them here. The actions taken by the Board are the fruit of the effort and thought of some two hundred men of the profession who have during the past year devoted their time and talents to this end. To them I express the thanks and the respect of the Association.

During the past year I have been privileged to move among you in many places across this broad land. Everywhere I have been treated with great courtesy and hospitality. It is impossible to find words which have not become trite by much use, but if I have been during these past impossibly-short twelve months of some service to the Association and to the profession I am greatly rewarded. (Applause)

HONORARY MEMBERSHIPS

PRESIDENT CHRISTIE: We now come to the point in our agenda in which we confer Honorary Membership upon members of the Association so designated by election by the Board of Governors. I would first of all like to call on Dr. Harry S. Thomson, who is an Honorary Member of some standing, to install Dr. A. J. Cormier as an Honorary Member of the Association.

DR. HARRY S. THOMSON: Ladies and Gentlemen: The years can do amazing and wonderful things to you. You can't anticipate them. You can't do anything to prevent them, other than keep on living, and while we keep on living we try to enjoy ourselves so that the days are pleasant as we get older

and, as the poet says, we rest and relax, the sun sinks in the west each day without regretting; you see the sun each morning without expecting to have time to love and play and rest; knowing for you this, your work, was best.

So, Mr. President, Honoured Guests, Ladies and Gentlemen, it gives me a great deal of pleasure to be present today at this meeting of the Canadian Dental Association. I have attended a great many of them and today there is a particular pleasure here because I have been asked to perform a task, to present honour to one of my friends, Dr. A. J. Cormier. He is a real friend, a friend I have known over half a century of friendship extended through all their families. You know the family when they are young and now when they are fathers and mothers, and it is a delight for me to have that friendship. Now, by virtue of that friendship, I expect, I have been asked to present this award to Dr. Cormier today, and also by virtue of your power in the Executive, the Executive has asked me to do that and I am very, very happy to do that.

Dr. Cormier was born in the town of Shediac, fourteen miles from Moncton, and he has remained practising in that area all his life. He has built up for himself a high reputation.

I want to present Dr. Cormier's merits, his qualifications. I want to present to you his capabilities, his spirit, his style, his way of living. I want to present all these things. Why do we give him Honorary Membership? Not because of any *one* but because of *all* of these qualities.

In the background of our organization is a history of what some men have done. That is why we give these Honorary Memberships.

Dr. Cormier has built up a high reputation among his confreres for excellency in all phases of dental practice. He was educated in the local schools and in St. Joseph's College where he graduated with the D.Sc. degree. In 1907 he entered Baltimore College of Dental Surgery, that most outstanding institution of learning at that particular time. He graduated in 1910 as President of his class. I want to say something here about that. Dr. Cormier was at that time a young boy, figuratively speaking. He went from here over 1500 miles to school where he didn't know anybody, and nobody knew him. He became a student for three years and he finished up President of his class. That means something. He didn't just come as a student. He made a place for himself, he made a place with the individual men, he was given the most important position they had to give to anybody.

Dr. Cormier has a great diversity of qualities, many more than the average man, and in all those qualities he appears to excel, regardless of what it is. Now, one of his qualities is that he is meticulous in all things that he carries on, for instance, his restorations for his patients. He was meticulous; he applied scientific principles; he carried a thing to its conclusion as far as it could be carried.

Dr. Cormier is highly ethical in his relations not only with his patients but with his confreres. In the locality where he carries on he is held in high regard by individuals and groups. He has addressed many organizations and groups that have to do with good citizenship and the welfare of the community in which he lives. He was a member of the School Board for several years and carried on with credit to himself and profit to the organization.

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He was Chairman, and one of the most outstanding, for many years, of what was known as the Legislative Committee. In the old days Moncton was in an awkward position as far as legislation went. The laws enacted were being violated time and time again. Dr. Cormier went into the work of the Legislative Committee and one of the lawyers later said, "I repeated word for word, and copied and put in my files some of the sentences I am going to use the rest of my life."

He developed leadership. He has been President of the Moncton Society many times. He was President of the New Brunswick Dental Society. His name appears in the history of the Society time and time again.

Dr. Cormier has one daughter and three sons. His only well known hobby is oyster culture and that is past history. He was attempting to make a purely blue oyster. He got so far the Government bought him out. Whether they thought he had gone far enough or they could make them better, I don't know.

This man, a dentist, has three sons, and each is a dentist in his own practice, each with an individual office. That is very unique. I don't think there is any place where more than two sons and the father himself are practising. We have three here. They are a credit to their father and the father a credit for what he has done. I present this Life Membership to you, Dr. Cormier. (Applause)

DR. CORMIER: I wish to give thanks especially to Dr. Thomson for his kind remarks and I certainly at this time desire to express my thanks, as the recipient of this honour, to the Canadian Dental Association. (Applause)

PRESIDENT CHRISTIE: It is now my pleasure, Ladies and Gentlemen, to present another member for Honorary Membership in the Canadian Dental Association and that is Dr. Heath McIntyre of Prince Edward Island.

Dr. Heath McIntyre has been regarded as the dean of the dental profession on Prince Edward Island for many years. He is widely respected in his community by the general public as representing everything that is best in a professional gentleman.

He, too, graduated from the University of Maryland in Baltimore in 1915 and since that date has practised in Charlottetown.

He has been President of his provincial association in 1920 and 1921 and for 23 years he was the Secretary-Registrar-Treasurer of that association.

Outside of P.E.I. he has represented his province on the old Dominion Dental Council for eight years and succeeded to the same position in the National Dental Examining Board when it was formed and remained on that Board until 1961. In 1940, back in the old Dominion Council days, he was President from 1940 to 1942.

Aside from his professional accomplishments he has served his community well, having been on City Council from 1936-1940. He has served the Rotary Club of Charlottetown for many years.

He is by religion a Presbyterian and has been an Elder of the Kirk of St. James in Charlottetown since 1946.

He is a keen horseman and a good golfer. He has been a member of the Charlottetown Curling Club for many years and was a member on the McDonald Briar Team representing P.E.I. on two occasions.

His wife unfortunately passed away some years ago but he has one son, two daughters and nine grandchildren.

This man has in his way represented and upheld the ideals of professional conduct and service to which we all aspire and, Dr. McIntyre, it gives me great pleasure to confer on you Honorary Membership in the Canadian Dental Association. (Applause)

DR. HEATH MCINTYRE: Mr. President, Ladies and Gentleman, I realize that to be chosen for honorary membership in the Canadian Dental Association is a distinct honour. It is with humility and sincere gratitude that I accept this honour. Dr. Christie, I wish to thank you and the members of your Executive Board for making this possible.

I have been practising dentistry for fifty years, plus a few extra months. Fifty years is a long time to look ahead, but looking back over the last fifty years I must say it is almost impossible for me to understand how quickly the time has passed. Time passes quickly, it is true for most of us, perhaps all of us, but I look back over the past years and I can't help but remark on the many changes that have taken place and the advances that have been made within the profession. The men who are so sincerely dedicated to the welfare of the profession have made wonderful strides and I think we, the dentists at large, owe the Association a deep debt of gratitude for what they have done.

I realize that the part I have played in my contribution has been very small indeed, yet I am thankful I had at least some small part in this development. I wish to thank you for this honour. (Applause)

PRESIDENT CHRISTIE: We have now come to the point in the program at which your new President is to be installed and I would ask Past President P. G. Anderson to take over as Installing Officer.

INSTALLATION OF PRESIDENT

DR. P. G. ANDERSON: Mr. President, Distinguished Guests, Ladies and Gentlemen: Once again we have come to that part of the proceedings where a new President is installed in office.

Now, traditionally, the ceremony of installation has been reserved for the time of the annual meeting. Constitutionally, this is correct but, appropriately, it provides an environment suitable to present the man who, in the wisdom of the Board of Governors, has been selected to guide the destinies of a profession for the year ahead.

With these criteria of acceptability for today's occasion, the Canadian Dental Association is proud indeed to present its new President, Dr. James P. Coupland of Ottawa, Ontario.

I think you would agree that the profession of dentistry has been made and held honourable by the many devoted and capable men who have laboured hard to achieve the purposes for which our profession stands. I think you would agree too that our dedicated professional ancestors have passed on to us many standards of value that are based on their accumulated experience. These standards have become a part of the spirit of dentistry.

That Dr. Jim Coupland has become so much a factor in the essence of dental affairs is perhaps a natural event. His father, the late P. T. Coupland

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of St. Marys, Ontario, was in his time a capable, devoted and outstanding dentist — as was his late cousin, Douglas Coupland of Ottawa, with whom he began his practice of Oral Surgery.

Initiative has been described as doing the right thing without being told, and in this capacity Jim has been a leader right from the start. In the five years he attended lectures and classes prior to graduation from the Faculty of Dentistry, University of Toronto, he occupied an almost solid first position of academic leadership in his class — a situation not too frequently duplicated in the academic environment. But the best brain in the world is valueless until it is put to work, and put to work he was, for soon after graduation he was sought out as a lecturer and clinician, appearing on the programs of most Canadian and many American dental scientific meetings and conventions.

He has been the Consultant to the Dental Department, Ottawa Civic Hospital. He was a Major in the Royal Canadian Dental Corps. He has been President of the Eastern Ontario Dental Association. He has been Chairman of the Canadian Dental Association Council on Legislation, and was Chairman of the Convention Committee that guided the very successful meeting of 1960. In 1959 he was elected a Director of the Royal College of Dental Surgeons of Ontario where he served until he retired at the end of his term as President, in the spring of 1966. For years he has been a member of the Board of Governors of the Canadian Dental Association, and for the period of centennial observance he has been selected as the chief administrative officer to guide the affairs of our organization through this significant year.

Now, that the year ahead will be a demanding and perhaps even a frustrating one is almost a certain forecast, and perhaps now there is greater need with each succeeding year for a keener appraisal of the standards of value and wisdom of experience. If this is so, how well they have chosen, for once again, as in the past, the man so selected to guide our destinies through another year has been cast in such a mould.

But not alone has Jim joined issue with the efforts in professional life. His good wife, Jean, the proud mother of two sons, both with dental degrees and one with a medical degree as well, has always been a constant colleague in his ventures for worthy professional purpose and design.

For all the contributions our new President has made in so many different ways in the patterns of dental progress, we are proud and grateful, and the thought expressed by the historian and dramatist, Johann Christian Schiller, portrays a philosophy to which, I am sure, Dr. Jim must have ascribed: “’Tis not the mere stage of life, but the part we play thereon that gives the value”.

This then is our new President — capable, popular, loyal and devoted and with a background of achievement which ably qualifies him for the arduous task ahead.

So, Dr. James Coupland, I would ask you to come forward and receive your chain of office. You have the respect and the confidence of all your confreres. You and the Canadian Dental Association can only have a splendid year ahead. May God direct your judgment, and may your year be rewarded in strength and satisfaction.

Ladies and Gentlemen, I present your new President, Dr. James Coupland. (Applause)

PRESIDENT ELECT COUPLAND: Mr. Chairman, Fellow Members and Guests of the Canadian Dental Association: I am extremely grateful to the Installing Officer for finding time during his very busy year as President of the American College of Dentists to do me this great favour. His all too generous references to my qualifications for the presidency also are greatly appreciated.

Because of my acute awareness of my limitations, I am proportionately conscious of the high honour you have bestowed upon me. Within my limitations I shall do my utmost to merit the confidence you have indicated today.

At this time I want to acknowledge the loyalty of my electors of R.C.D.S. District Number 1, and to express my very great pleasure that so many of you have made the effort to attend this meeting.

I also wish to gratefully acknowledge the favour that was conferred upon me by my fellows in the Royal College of Dental Surgeons of Ontario who from the first time I was elected to that Board granted me the privilege of representing it on the Canadian Dental Association.

(Brief remarks in French.)

This great honour which my dear friend, P. G. Anderson, has conferred is shared with my wife, Jean. Mr. Chairman, I am pleased that you granted her the privilege of attending this meeting. I wish at this time to acknowledge her invaluable help and patient understanding. Jean, will you stand up? (Applause)

I accept this highest honour with humility derived from a consciousness of my inadequacy and a pride in the opportunity for service made available to me. The expressions of support I have received are very reassuring and very greatly appreciated. (Applause)

DR. P. G. ANDERSON: Thank you, Dr. Coupland. May I assure you of the respect and confidence of the Board and of the C.D.A. membership.

PAST PRESIDENT

Now, Gentlemen, according to our Constitution, the President holds office from one annual meeting to the next. This is a sort of Presidents' Day which in reality it should be, and being so, it provides another pleasant assignment to me which involves another presentation. But this time your Immediate Past President, Dr. Phillip Christie, is the recipient.

When I said "pleasant assignment" you might regard the comment as a pleasant occasion because of his retirement. May I assure you such is not the case, but it is because we want to declare openly and with pride how fortunate the association has been to have someone with the foresight, wisdom and experience, so typical of Phil Christie, to guide the course of events during the past year.

Highly qualified by virtue of natural talents and administration in other affairs, and ably assisted by the sincerity of his enthusiasm, Dr. Christie has given the C.D.A. able leadership and warm and devoted understanding. It has not been an easy year because of all the strange portents which seem to appear from so many angles in the realm of social change, but Phil Christie would be the first to say that progress in any organization does not stem from any one man or one group of men alone. It is, of course, their duty to

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guide and sustain, and while this has been done well, he, as well as many others, would want to pay tribute to all the men who have contributed so much to the wellbeing of our Association.

Dr. Christie has visited every province and made himself available wherever he thought he could assist. No doubt the past year has been a strenuous one, but I am sure he will long treasure the happy memories, the new faces and happy associations.

A short time ago I read an article by a short time observer about the people brought up in the Atlantic environment. I am sure he might have been talking about Phil Christie and others like him when he said: "There are always people in every age and environment who view with alarm and thereby raise apprehension, and those who view with gloom, and thereby cause depression, but the scene in the Atlantic Provinces after a hundred years of Confederation shows people who are sure of themselves and their future."

This convention has been a tribute to the President and so characteristic of the splendid year just completed.

During the past year, Dr. Christie, you have been a leader of some able and devoted men. May I, for so many who would like to do so in person, for all you have set out to do and for all you have accomplished, say a "Thank you".

So we present to you now the Past President's Jewel. It is an emblem of merit. It is richly deserved, and may I congratulate you, and may your interest long continue in the organization you have served so well.

Before you sit down, Dr. Christie, there is just one thing more. May I on behalf of your friends in dentistry, present to you now a silver tray as a warm and friendly keepsake and a gesture in appreciation of your efforts. (Applause)

Now, Ladies and Gentlemen, we are nearly finished, but the observation has been made, if you want a thing well done let your wife do it. This could perhaps account for some of the excellent productions of the past year, and that English author, Joseph Conrad, once observed that being a woman is terribly difficult since it consists of dealing with men. There is one woman in this audience who has dealt magnificently with one man during the past year. For her wonderful help as wife of the President of the C.D.A. with all its responsibilities, I would ask Mrs. Christie to accept a bouquet of roses with our grateful thanks. (Applause)

Now, Mr. President, may I thank you and through you, Sir, your Executive for the favour of performing this ceremony. I now return the gavel to you, President Christie.

PRESIDENT CHRISTIE: Dr. Anderson is well known to you all to be a man of eloquence, and he has exceeded himself today in reference to me. I would be very happy indeed if I were assured everything he has said is absolutely so. But since he is a man of veracity, that a great part is so will be the most satisfactory compliment.

I would also like to thank him for the remarks made about Barbara's support of me during the year. This has been unremitting. Her interest has been unfailing and her understanding and generosity have been complete.

Now, Ladies and Gentlemen, we have no further business. This meeting is adjourned.

TRANSACTIONS

OF THE CANADIAN DENTAL ASSOCIATION



ANNUAL MEETING
BOARD OF GOVERNORS
ROYAL YORK HOTEL, TORONTO
MAY 10-13, 1967

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FOREWORD

This book provides a record of the business transacted at the annual meeting of the Board of Governors of the Canadian Dental Association at the Royal York Hotel in Toronto, May 10 - 13, 1967. The report of the annual luncheon—held during each convention, this year on May 15—appears at the end of the book.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors. During the session, reports of Councils, Committees, Sections, etc. are studied first by Reference Committees composed of attending CDA members. When votes are called for in Reference Committees, all participants may vote. Findings of the Reference Committees are reported to open sessions of the Board and, although the President may permit any member to speak on an issue, only Board members may vote.

Words appearing in bold face type both within the body and at the end of the Council, Committee or Section reports constitute the “comments and action” of the Board.

The purpose of CDA *Transactions* is to provide each member with a record of the policies and decisions of the Board and the work of the Association's Councils, Committees and Sections.

OFFICIALS

1966 - 1967

(For 1967-68 officials see Nominations Report)

OFFICERS

<i>President</i>	JAMES P. COUPLAND, OTTAWA
<i>President-elect</i>	WESLEY P. MUNSIE, VANCOUVER
<i>Immediate Past President</i>	PHILIP S. CHRISTIE, HALIFAX
<i>Secretary</i>	WILLIAM G. MCINTOSH, TORONTO
<i>Treasurer</i>	GEORGE M. DEWIS, HALIFAX

EXECUTIVE COUNCIL

J. P. COUPLAND	P. S. CHRISTIE	W. P. MUNSIE	H. BROUILLET
W. G. BRUCE	H. R. MACLEAN		O. J. YULE

BOARD OF GOVERNORS

J. E. ABRA	518 Medical Arts Bldg., Winnipeg, Man.
L. BERNIER	1024 Ave. des Erables, Quebec, P.Q.
R. O. BRETT	250 Medical-Dental Bldg., Regina, Sask.
H. BROUILLET	6003 Ave. De Lorimier, Montreal, P.Q.
W. G. BRUCE	Kincardine, Ont.
J. P. COUPLAND	225 Metcalfe St., Ottawa, Ont.
D. C. EATON	5211 Blower St., Halifax, N.S.
J. F. EDGECOMBE	42 Coburg St., Saint John, N.B.
L. E. ENGLISH	580 - 3rd Ave., Kamloops, B.C.
B. P. KEARNEY	Canadian Forces H.Q., Ottawa, Ont.
A. L. MACISAAC	111 Kent St., Charlottetown, P.E.I.
H. R. MACLEAN	Faculty of Dentistry, University of Alberta, Edmonton, Alta.
W. P. MUNSIE	1327-925 W. Georgia, Vancouver, B.C.
H. L. MUSSELLS	4695 Sherbrooke St. W., Westmount, P.Q.
D. K. PETERS	103 LeMarchant Rd., St. John's, Nfld.
J. D. PURVES	170 St. George St., Toronto, Ont.
E. J. SIEGEL	151 Eglinton Ave. W., Toronto, Ont.
W. J. SPENCE	3000 Yonge St., Toronto, Ont.
J. B. TAYLOR	532 Dundas St., London, Ont.

AGENDA
BOARD OF GOVERNORS
May 10 - 13, 1967

Wednesday, May 10

- 9.30 a.m. Call to Order
 - Invocation
 - Official Call of the Meeting
 - Presentation of Credentials
 - Adoption of Agenda
 - Minutes of previous Meeting
 - President's Report
 - Necrology Report
 - Assignment of Resolutions Submitted
 - Instructions to Reference Committees

10.30 a.m. Reference Committees meet

2.00 p.m. Reference Committees meet

8.00 p.m. Reference Committees meet

Thursday, May 11

- 9.00 a.m. Reference Committees meet
- 2.00 p.m. Second Session of Board — Presentation of Reports
- 8.00 p.m. Reference Committees meet

Friday, May 12

- 9.00 a.m. Reference Committees meet
- 11.00 a.m. Third Session of Board
- 2.00 p.m. Fourth Session of Board
- 4.45 p.m. Award of Honorary Membership

Saturday, May 13

- 9.00 a.m. Fifth Session of Board
 - Presentation of Reports
 - Treasurer's Report
 - Nominations Committee Report
 - Election of Officers
 - Unfinished Business
 - Adjournment

REFERENCE COMMITTEES 1967

Committee No. 1 — Chairman: Christie Newfoundland Room

Agenda: Executive	Reporters: English
Legislation	MacLean
Convention	Eaton
Ethics	Bruce
Library	Beach
Orthodontics	Crowson

Committee No. 2 — Chairman: Purves Confederation Room

Agenda: Education	Reporters: Yule
Journalism	Brouillet
Specialists	Spence
Headquarters Property	Phillips
Dentistry for Children	McCutcheon
Periodontology	Fisk

Committee No. 3 — Chairman: Bernier Quebec Room

Agenda: Auxiliary Services	Reporters: Munsie
Public Health	MacIsaac
Hospital Services	Edgecombe
President	Mussells
Endodontics	Gray
Prosthodontics	Swann

Committee No. 4 — Chairman: Brett Saskatchewan Room

Agenda: Dental Services	Reporters: Kearney
Research	Peters
Constitution and By-Laws	Taylor
Oral Surgery	Siegel
Restorative Dentistry	Grainger
Treasurer	Abra

Special Resolutions: Bruce

Governors:

Abra, J. E.
 Bernier, L.
 Brett, R. O.
 Brouillet, H.
 Bruce, W. G.
 Christie, P. S.
 Coupland, J. P.
 Eaton, D. C.
 Edgecombe, J. F.
 English, L. E.
 Kearney, B. P.
 MacIsaac, A. L.
 MacLean, H. R.
 Munsie, W. P.
 Mussells, H. L.
 Peters, D. K.
 Purves, J. D.
 Siegel, E. J.
 Spence, W. J.
 Taylor, J. B.

Chairmen:

Beach, H. N.
 Cline, H. M.
 Crowson, A. H.
 Ellis, R. G.
 Fisk, G. V.
 Grainger, R. M.
 Gray, A. R. S.
 McCutcheon, J.
 Munsie, W. P.
 Pettapiece, H. G.
 Phillips, J. M.
 Swann, G. C.
 Yule, O. J.

MEMBERS: *G. C. Swann, Chairman, Calgary; L. P. Dubé, Quebec; E. Down-ton, Toronto; M. Jackson, Toronto; M. Nacht, Vancouver.*

REPORT

(comments and action in **bold face type**)

1. The Auxiliary Services Committee met at Canadian Dental Association Headquarters, January 19 - 20, 1967. All members were present. Also in attendance were Dean James McCutcheon of the CDA Council on Education, members of the CDA Executive Staff and Dr. R. A. Connor.

Dental Hygienists

2. A report on defining an expanded range of duties of dental hygienists in Canada and further experimentation in their training and utilization was received. Emanating from this report is the following resolution, adopted by the Committee:

Whereas an expanded range of duties of dental hygienists is being taught in at least two schools of dental hygiene, and

Whereas several provincial licensing boards have recommended further expansion in the role of auxiliaries, and

Whereas the enumeration of a long list of duties which a dental hygienist is permitted to perform would result in a series of restrictive provincial acts, therefore be it

Resolved that the Canadian Dental Association Policy Statement on Auxiliary Personnel continue to provide the basis for limitation of the role of the dental hygienist.

ADOPTED

The following resolution is proposed:

Whereas controlled studies have proven that dental services can be increased by the utilization of auxiliary personnel under the effective control of a dentist, therefore be it

Resolved that the Board of Governors encourage the licensing bodies to provide the necessary legislation and the educational institutions to provide the necessary educational facilities to enable auxiliary personnel to perform any duties that fall within the framework of the CDA Policy Statement on Auxiliary Personnel.

ADOPTED

3. The Auxiliary Services Committee has undertaken a review of the CDA Policy Statement on the Projection of Dental Services in Canada and will forward this report to the Dental Services Committee.

Dental Assistants

4. In 1965 a sub-committee, under the chairmanship of Dr. Max Nacht, was charged with the responsibility of preparing a report on the establishment of a National Certification Board for Dental Assistants. This sub-committee was comprised of Dr. M. Nacht, Dr. Fred Reid and Miss Mary Kaufmann of Vancouver, Miss Penny Waite, past president of the Canadian Dental Nurses and

AUXILIARY SERVICES

Assistants Association from Saskatoon and Miss Elizabeth Neelin, certification chairman for the Ontario Dental Nurses and Assistants Association. Several meetings of the sub-committee were held during 1966 and a final meeting was held at CDA headquarters, January 18, 1967 with all members present. Representatives from all of the provincial Dental Nurses and Assistants Association were invited to this meeting and some attended. Also present was Miss Joan Green of Montreal, president of the Canadian Dental Nurses and Assistants Association.

5. The sub-committee then presented its report to the Auxiliary Services Committee on January 19, 1967. Further amendments were made and the report and recommendations (Appendix A) were approved. Two resolutions followed:

- a) Resolved that the Council on Education study the report on the Proposed National Certification Board for Dental Assistants at its next meeting.

This motion has already been acted on.

- b) Resolved that the "Proposed National Certification Board for Dental Assistants" approved by the Auxiliary Services Committee be implemented at the earliest possible date.

The following resolution is presented in support of the Committee's expressed wishes:

Whereas there is a need for more highly trained and efficient dental assistants, and

Whereas a number of varied training programs for dental assistants are now available in Canada, and

Whereas the principle for the establishment of mechanisms for accreditation of training programs and certification of dental assistants is approved in principle by both the Auxiliary Services Committee and the Council on Education, therefore be it

Resolved that a National Certification Board for Dental Assistants be established in a manner generally consistent with the procedures outlined in Appendix A of the report of the Auxiliary Services Committee, and be it further

Resolved that the Canadian Dental Association actively co-operate on an interim financial basis in the development of the above-mentioned Certification Board.

ADOPTED

6. A sub-committee chaired by Dr. Marjorie Jackson presented a report and recommendations to be submitted to the Council on Education concerning formal and extension programs for dental assistants in Canada. This report (Appendix B) also contains recommendations for minimum requirements for formal day school programs and minimum requirements for extension courses.

Dental Technicians

7. During the past year the Committee was represented at the American Dental Association Conference on Educational Standards for Dental Laboratory Technicians held in Chicago, October 14 - 15, 1966 by the chairman. From the many papers presented and the discussion, which was interspersed between these,

AUXILIARY SERVICES

it was possible for an observer to reach the following conclusions in so far as immediate needs in the United States are concerned:

- a) to train a large number of technicians as quickly as possible;
- b) to utilize a training program of apprenticeship combined with a formal training program;
- c) to make a study of the basic hourly wage for dental technicians;
- d) to train dental laboratory technician educators and provide degree courses for these men.

8. The Committee on Auxiliary Services sponsored a Dental Laboratory Technicians Conference at CDA Headquarters on January 18, 1967. Each corporate member was asked to select a representative of either the Dental Technicians' or Dental Laboratory Owners' organizations in that province. Invitations were also extended to the Directors of the three formal training schools for Dental Technicians, a representative of the Royal Canadian Dental Corps and the Chairman of the Council on Education. The purpose of the Conference was to review matters concerning:

- a) improvement in co-operation between the dental profession and technicians;
- b) education standards for dental laboratory technicians;
- c) recruitment of personnel into the industry;
- d) establishment of a National Association of Dental Laboratory Technicians;
- e) economics of the dental laboratory industry;
- f) the effect of dental mechanics legislation on the industry.

Conference participants expressed, at the outset, the wish that no recommendations emanate from the meeting but that a free expression of opinion on all subjects be given. A great deal of valuable information was recorded. The complexity and scope of the problems in each area of discussion which were disclosed at the Conference lead to a general agreement that there is a need for further Joint Conferences to pursue these all-important aspects.

9. A report (Appendix C) on this Conference was presented to the Auxiliary Services Committee by Dr. E. P. Downton. This resulted in two resolutions:

- a) That a sub-committee of the Auxiliary Services Committee be appointed under the chairmanship of Dr. E. P. Downton, and including representation of the dental laboratory industry, for the purpose of developing a program for a future conference of representatives of the Canadian Dental Association and the dental laboratory industry.

b) Whereas the conference on dental laboratory technicians sponsored by the Canadian Dental Association in January 1967 disclosed the existence of many problems requiring further study, therefore be it Resolved that a similar conference on dental laboratory technicians be held in 1968 at CDA headquarters under the chairmanship of the chairman of the Auxiliary Services Committee, with a representative of the Council on Education being invited to attend, and with each CDA Corporate Member being asked to invite representatives of the provincial organizations of dental laboratory technicians and laboratory owners, and be it further

AUXILIARY SERVICES

Resolved that the expenses of this conference be met by arrangement between the Corporate Member and the provincial dental laboratory and/or technicians' organizations.

ADOPTED

10. The American Dental Association sponsored a Conference on Dental Laboratory Relations in Chicago, February 1 - 2, 1967. The Committee was represented by Dr. E. P. Downton. Dr. W. G. McIntosh was also in attendance. The American Dental Association Council on Dental Education proposed a new national program of recognition for individual technicians through a national voluntary registry. It is hoped that the program will offer an opportunity for technicians to advance their skill, improve their technical knowledge through education, and improve themselves socially and economically in a recognition program designed and conducted by the profession.

The report of the Auxiliary Services Committee represents a great deal of diligence and industry for which the Committee is commended.

Moved by Munsie, seconded by MacIsaac:

That the report of the Auxiliary Services Committee be adopted as amended.

ADOPTED

Appendix A

PROPOSED NATIONAL CERTIFICATION BOARD FOR DENTAL ASSISTANTS

INTRODUCTION

A shortage of manpower and the ever-increasing pressures by the public for more and better dental care have initiated investigations into the maximum utilization of the dentist's time. This has resulted in a trend for more efficiently trained auxiliaries and an up-grading of their training programs.

A number of varied training programs for dental assistants are now available in Canada. Courses may be taken at night schools, day schools, or by correspondence. Some are under the jurisdiction of organized dentistry and others are sponsored by provincial boards of education. A summary report and evaluation of these courses has been made by the CDA Auxiliary Services Committee, and the Council on Education has been asked to establish minimum requirements for the approval of formal day schools for dental assistants, as well as the minimum requirements for extension course programs sponsored by local societies.

It is hoped that these steps will serve as preludes to the establishment of mechanisms for accreditation of training programs and certification of dental assistants. Advantages of such schemes include recognition for successful completion of an accredited training program, more effective training in how to conserve the dentist's time, better preparation for adapting to an increased range of services should it be desirable or necessary to do so, and a higher level of remuneration commensurate with the broader training and greater efficiency.

The Canadian Dental Nurses and Assistants Association and the Canadian Dental Association have approved, in principle, a national certification scheme for dental assistants. In support of this principle and to encourage the trend for

more efficiently trained auxiliary personnel who can with greater effectiveness contribute to dental manpower in Canada, the following outline for the establishment and operation of a National Certification Board for Dental Assistants is recommended.

PURPOSES AND OBJECTIVES

The purpose of this report is to propose the basis for the establishment of a National Certification Board for Dental Assistants, whose aims will be as follows:

- (1) To establish national standards of training so that dental assistants may move more freely from one area to another without losing their status and usefulness.
- (2) To conduct examinations for certification of dental assistants.
- (3) To review training curricula from time to time to ensure their constant progress to conform with new developments in the field of dental health, and to accredit all training programs for dental assistants.
- (4) To raise the standard of the dental assistant from an untrained helper to a properly qualified and efficient member of the dental health team.

ADMINISTRATION

A. Proposed Structure of Certification Board

The Board shall consist of five persons:

- (1) the chairman, who shall be appointed by the Council on Education of the Canadian Dental Association (CDA);
- (2) an executive member of the Canadian Dental Nurses and Assistants Association (CDNAA) who shall be appointed by that association's Board;
- (3) a member of the CDNAA who shall be appointed by that association's Board;
- (4) a member of a faculty of dentistry who shall be appointed by the Council on Education of the CDA;
- (5) one director of a formal training program for dental assistants, who shall be appointed by the Council on Education of the CDA.

B. Term of Office of the Certification Board

The initial terms for the first Board shall be as follows:

- (1) chairman — three years;
- (2) executive member of the CDNAA — one year;
- (3) member of CDNAA — three years;
- (4) member of faculty of dentistry — two years;
- (5) director of a formal dental assistants' training program — three years;
- (6) following this, all members of the Board will serve three years. No member may serve more than two consecutive three-year terms.

C. Jurisdiction

This body will be responsible to the Council on Education of the CDA.

D. Meetings

Board meetings shall be held at least once each year, and an annual report shall be made to the Council on Education of the CDA and the CDNAA.

AUXILIARY SERVICES

Appendix A

E. *Financial Structure*

- (1) each member of the Certification Board, when attending meetings, shall receive a per diem allowance;
- (2) each member of the Certification Board, when attending meetings, shall receive out-of-pocket and travelling expenses;
- (3) each examiner who sets and marks papers shall receive remuneration;
- (4) the first meeting of the Board shall be financed by a grant from the CDA not to exceed \$1,500;
- (5) the Board shall be financed by grants from the CDNAA and the CDA.

F. *Functions of the Certification Board*

- (1) to review current training programs and to review all curricula of day school programs plus existing night school programs and correspondence programs for approval until 1970. From January 1st, 1970, all courses will be required to meet minimum standards of training as established by the Certification Board in order to be accredited;
- (2) to develop and administer national certification examinations;
- (3) to establish a continuous program for certificate renewal.

G. *Requirements for Certification*

(1) Without examination:

Candidates who meet any one of the following conditions will be eligible to apply for certification without examination:

- a) as of January 1, 1969, continuous full-time employment for the preceding five years as a dental assistant in Canada;
- b) as of January 1, 1969, continuous full-time employment for the preceding three years as a dental assistant in Canada plus a certificate of completion of a recognized night school or correspondence course;
- c) as of January 1, 1969, any candidate having a certificate of completion of a formal day school program of a minimum of one academic year plus one year of employment as a dental assistant in Canada.

(2) With examination:

Candidates who meet the following condition will be eligible to apply for certification by examination:

- a) after January 1, 1969, completion of a minimum of one year in an accredited training program plus one year of employment as a dental assistant in Canada.

H. *Tenure and Renewal of Certification*

Certification shall be tenable for a maximum of five years, by the end of which the candidate must apply for re-certification which may be granted with or without examination at the discretion of the Board. Upgrading courses may in certain cases be required prior to re-certification in the event that changing circumstances similar to the following prevail at the time of application:

- a) patterns of auxiliary utilization;
- b) operating procedures;
- c) equipment;
- d) altered curricula of training courses for dental assistants;

- e) failure to be continuously employed as a dental assistant during term of last certification.

I. *References*

It is recommended that the *Summary Report and Evaluation of Courses for Dental Assistants in Canada — March 1966* be the guide for adjudication of instructors and for establishing standards of accreditation of schools.

Appendix B

COURSES FOR TRAINING DENTAL ASSISTANTS IN CANADA

At the annual meeting of the Board of Governors of the Canadian Dental Association, Halifax June 8 - 11, 1966 the following resolutions were adopted (*Transactions* 1966:12) :

- (1) Whereas several corporate members have recommended establishment of formal training programs for dental assistants, and
Whereas the report and evaluation of courses for dental assistants in Canada has indicated the existence of a variety of courses both in length and content, and
Whereas it is proposed to initiate a national certification program for dental assistants, therefore be it
Resolved that the Council on Education be responsible for the establishment of minimum curriculum requirements for dental assistants and should prepare a document, based on the material prepared by the Auxiliary Services Committee, setting out:
 - (a) The minimum requirements for the approval of a formal school for dental assistants;
 - (b) The minimum requirements for extension course programs sponsored by local societies.
- (2) Resolved that local and provincial dental associations be urged to establish formal training programs for dental assistants based upon the minimum curriculum requirements for dental assistants programs when approved by the Council on Education.

AUXILIARY SERVICES
Appendix B

I. *Formal Day School Programs*

The following courses for training dental assistants are in operation (or proposed) at the present time:

Province	Formal Day School	Formal Evening Extension	Proposed Formal Day School
British Columbia	Vancouver Prince George	Vancouver Victoria	
Alberta	Edmonton	Calgary	Calgary
Saskatchewan			Saskatoon
Manitoba			
Ontario	Scarborough Etobicoke Lorne Park	Toronto	
Quebec		Montreal	Montreal
New Brunswick			
Nova Scotia			Halifax
Prince Edward Island		Charlottetown	
Newfoundland			St. John's

Formal schools for dental assistants:

	British Columbia	Alberta	Ontario
(1) Type of School	Vocational Institute	Institute of Technology	High Schools — Technical and Trade Division
(2) Program Started	1963—Committee consisted of: College and School Board 3 Dentists 2 Assistants Assistant Director of Adult Education Principal of School	Committee consisted of: 3 Dentists	1963 — Committee consisted of: Dean of Faculty of Dentistry University of Toronto Registrar of R.C.D.S. of Ontario Director of Education for the Township Director, Dental Hygiene, University of Toronto
(3) Program approved by	College and School Board		R.C.D.S. of Ontario Faculty of Dentistry, U. of T. Local Board of Education Department of Education Province of Ontario
(4) Number of students	16	29	24 Scarborough 20 Etobicoke 20 Lorne Park

Formal schools for dental assistants: (cont'd)

	British Columbia	Alberta	Ontario
(5) Physical Plant	In a separate wing with practical nurses and dental technicians. Reception room Instructors' office Laboratory — 16 places Training room — 2 chairs 2 units etc. Dental operatory — treatment centre X-ray room Dark room	Four simulated operatories Shared use of dental technology laboratory Portable x-ray equipment shared with x-ray technology course.	Teaching only — no treatment offered. One large room with — laboratory — 24 places — laboratory work areas — lecture area — dental area — one chair — one unit — director's area Four individual rooms: 1. Sterilizing room 2. Dark room 3. X-ray room 4. Storage room
(6) Plans available	Yes (see below)		Yes (see below)
(7) Pictures available	Yes (see below)		Yes (see below)
(8) Descriptive report available	Yes Miss M. L. Kaufman Vancouver Vocational Institute 250 West Pender Street Vancouver, B.C.		Yes Dr. M. Jackson Faculty of Dentistry University of Toronto 124 Edward Street Toronto, Ontario

(9) Staff	Requirements One full-time: Senior Matriculation Experience in Assisting Experience in Teaching U.B.C. Education course at summer school 4 weeks course for dental assistants instructors at Chapel Hill, N.C. U.S.A.	Requirements Two staff members: (full-time) 1. 3 years University in pedagogy plus dental assisting experience 2. Diploma Dental Hygiene plus two years experience in Hygiene One special lecturer: D.D.S. Three or Four part- time demonstrators for laboratory instruction	Requirements One full-time: School a.—Diploma Dental Hygiene + 2 years General Arts + 2 years Dental Hygiene teaching + 1 year experience in Public Health School b.—Degree in Dental Hy- giene (Michigan) + experience in general practice + experience in Public Health + teaching experience in Dental Hygiene School c.—Diploma in Dental Hygiene + 2 years General Arts + experience in Public Health + teaching experience in Dental Hygiene All three teachers required to take two years summer school at O.C.E., U. of T. One special lecturer: D.D.S.
(10) Curriculum planned by	Miss M. Kaufman	Dental Program Advisory Committee	Dr. M. Jackson for the Faculty of Dentistry, R.C.D.S. Board, and Pro- vincial Department of Education.
(11) Applications	Over 200 applications for 16 places (plan to double enrollment by start- ing second class in January)		All three schools are now on selec- tion basis—qualified applicants are refused.

Formal schools for dental assistants: (cont'd)

	British Columbia	Alberta	Ontario
(12) Diploma	College of Dental Surgeons provides diplomas and pins which are presented at Vocational School Graduations by Principal of School.		Ontario Secondary School Graduation Diploma and Royal College of Dental Surgeons of Ontario certificate. Presented at High School Graduation by Principal of School.
(13) Scholarships and Awards	Presented by Dental Society and Vocational School.		Eligible for Honours pin presented by High School. One prize presented by private donor (dentist).
(14) Advisory Committee	Yes—to review curriculum periodically.		Yes—to review curriculum periodically—3 local dentists and one dentist from the Faculty of Dentistry.
(15) Texts	Lists available		Lists available
(16) Visual Aids	Lists available		Lists available
(17) Equipment	Lists available		Lists available
(18) Supplies	Lists available		Lists available

(19) Entrance Requirements	18 or over Grade XII Typing — 35 w.p.m. Medical Health certificate Eye examination 20/20 with or without glasses Preference for executive position in youth groups Good manual dexterity Maturity Superior personal appearance		Successful completion of Grade X in any branch of science technology or trade division
(20) Costs	Initial — Capital Equipment \$14,728.00 Supplies 21,284.33 Operating 63/64: Salaries 6,152.00 Shop Expenses 4,057.00 64/65 Salaries \$10,209.00 Shop Expenses \$ 5,548.00 3,156.00 \$ 8,704.00	Initial— Capital \$30,000.00 Salaries—full time Pro- vincial Civil Servants \$5,220.00 - \$9,420.00 \$4.00/hour—part-time demonstrators \$10.00 - 20.00/hour Professional lecturers	Initial — Capital \$40,500.00 (including structural changes & installation) Supplies 1,000.00 Annual operating expenses approximately \$55.00 per student.

Formal schools for dental assistants: (cont'd)

	British Columbia	Alberta	Ontario
(21) Course Duration	10 months (7 months at school and 3 months' clinical field work in dental clinics, hospitals and private offices) Total hours — 1360	8 months Lectures 430 Labs 225 Business 90 Clinics 360 (at University of Alberta and private offices) Total hours — 1105	2 Academic years — 20 months Half time) each dental)) year Academic) Half time) Equivalent of 10 months' dental assisting training Total possible dental time for the two years is 1254 periods.

(22) Curriculum and Hours	British Columbia	Ontario		
		First Year	Second Year	Total
Introduction to the profession	10			
Terminology	10			
Anatomy and Physiology	20	Anatomy 15	Physiology 87	102
Equipment & Supplies	15	15	15	30
Dental Materials	20	102	102	204
Tray set-ups (preliminary)	20			
Sterilization	10			
Chairside Assisting	400	156	134	290
Anaesthesia	10			
First Aid	20	15		15
Bacteriology	10	60		60
Pathology	10		38	38
Nutrition	10		15	15
Pharmacology	10		19	19

Formal schools for dental assistants: (cont'd)

Curriculum and Hours	British Columbia	Ontario		
		First Year	Second Year	Total
Full Mouth Reconstruction	200			
Roentgenology	100	57	30	87
Periodontics	15	9 Lect	12 Lect	21
Exodontia	20	19 Lect	9 Lect	28
Endodontics	10	9 Lect	7 Lect	16
Paedodontics	15	9 Lect	7 Lect	16
Orthodontia	15	9 Lect	9 Lect	18
Office Management	60			
Records	10			
Communications Applied	5		19	19
Patient Management	10			
Fees and Collection	10			
Accounting	10			
Prosthodontia	100	9 Lect	7 Lect	16
Laboratory	200			
Examinations	10			

Histology		38		38
Dental Anatomy		60		60
Public Health & Oral Hygiene		15	15	30
Psychology and Personality Development		30		30
Operative Dentistry		34 Lect	34 Lect	68
Charting		19 Lect		19
Ethics, Jurisprudence			15	15
Total Hours	1360			1254
		Regular Grade XI: English History Commer- cial Skills Typing Bookkeep- ing Arithmetic Physical Education Physics Home Economics	Regular Grade XII: English Economics Commer- cial Skills Physical Education Chemistry Home Economics	1254
		Total Hours		2508

AUXILIARY SERVICES
Appendix B

<i>Alberta</i>	<i>Hours</i>	<i>Quarter</i>
Basic Health and Personal Development	10	1
Basic Sciences		1
Dental Assisting Arts	35	1
Personal Improvement	20	1
First Aid	20	2
Dental Instruments and Equipment	75	1
Dental Materials	60	1
Nutrition and Dental Health Education	20	1
Oral Anatomy	20	1
Practice Management	50	2
Introduction to Psychology	20	2
Labs (included in above)		2
Accounting	75	2
Typing	50	1
Typing	40	2
English	50	2
Physical Education	30	1 & 2
	575	

First Quarter — hours	400
Second Quarter — hours	335
Third & Fourth — hours	370
Quarter	
Total Hours	1,105

II. Extension Courses

AUXILIARY SERVICES Appendix B

	Vancouver	Victoria	Calgary	Toronto	Charlottetown	Montreal
(1) Sponsored by			Alberta D.N. & A.A. Approved Alberta Dental Association Approved Alberta Government Started 1960	Started 1960 by R.C.D.S. of Ontario Now sponsored by Toronto Academy and other Ontario local dental associations example: Ottawa Hamilton, London Kingston, Orillia	Dental Association of P.E.I.	Started 1966 by University of Montreal extension department. Based on Dental Society course which operated 2 years
(2) Held at	Vancouver Vocational Institute	Private offices	Each local Association of D.N. & A.A.	Ryerson Institute of Technology Toronto.	Vocational School and private offices when equipment required	First Term Theoretical, Second Term at Dental Clinic University of Montreal
(3) Entrance Requirements			18+ Member of Alberta D.N. & A.A. Employed in dental office 3 months & during course Grade X or employed in dental office for 3 years	17+ Ontario Grade XI Preference to those employed in dental offices		Grade XI English & French, Typing
(4) Fee			Membership D.N. & A.A. \$6.00 Course fee \$25.00 (includes notes and text)	\$65.00 (includes notes and texts)		

Extension Courses (continued)

	Vancouver	Victoria	Calgary	Toronto	Charlottetown	Montreal
(5) Duration	39x2 hours = 78 2 nights a week		2 years I — 60 hours II — 60 hours — 120 hours	92 hours 2 nights a week		75 hours 1 night a week
(6) Taught by	Dentists			Dentists chiefly Dental Assistant Hygienist	Dentists and Hygienists non- dental by Vocational School	Dentists
(7) Numbers per class		15-20		90	6-10	50 maximum but 64 accepted due to demand
(8) Placement service				Operated by private individual under sponsorship of Academy of Dentistry Toronto		Course director
(9) Examin- ations		Yes — must attend 75% of lectures to be eligible to write	Review tests and final	December and March must attend 90% of lectures to be eligible to write		December and May
(10) Diploma or Certifi- cate			Diploma & Pin 1st Year Diploma & Cap & Crimson cap band II Year	Certificate — R.C.D.S.		Certificate of Competence

Course and Hours	Vancouver	Calgary	Toronto	Charlottetown	Montreal
General Office & Patient Routine	4		2	✓	2
Dental Terminology	2		4	✓	
Diet, Nutrition and Oral Hygiene	2		4	✓	Oral Hygiene 2
Dental Anatomy and Physiology	4	Dental Anatomy I & II	4	✓	Dental Anatomy 2
Radiology	4	I & II	2	✓	2
The Dental Assistant in the Profession	4	1	4	✓	4
Telephone, Department, Organizations	2		4	✓	
Supplies	2		2	✓	
Paedodontics	2	1	2	✓	2
Orthodontics	2	1	2	✓	2
Professional Records	2		2	✓	
Financial Records	2		2		
Dental Public Health & Dental Research	2		D.P.H. 2 Research 2	✓	

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Extension Courses (continued)

Course and Hours	Vancouver	Calgary	Toronto	Charlottetown	Montreal
Operative Dentistry	4		6		2
First Aid	2			✓	
Dental Pathology	4	I			
Endodontics	2	II	2	✓	✓
Pharmacology	2	I	2	✓	
Dental Materials	4		6	✓	
Bacteriology	2	I & II		✓	
Dental Equipment & Care	2	I & II	4	✓	2
Dental Instruments & Care	2		2	✓	2
Oral Surgery	2	II	2	✓	✓
Crown and Bridge	2	I & II	2	✓	
Gold, Gold Foils, Rubber Base and Silicones	4		6		
Prosthodontics	2		4	✓	2
Amalgam	2		6	✓	
Dental Cements	4		6	✓	

Dental Office Management		I & II			
Chair Assisting		I & II			
Dental Anaesthesia		I			
Dental Emergencies		I			
Impression materials & models		I & II			
Baseplates & bites (making)		I & II			
Fluorides		I & II			
Charting		II			
Periodontics		II	2	✓	✓
Accounting			2	✓	2
Sterilization					
Practical Experience					40 hours of chairside instruc- tion at University of Montreal

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Montreal: Improvement Course for Dental Assistants —
Presented by: La Société Dentaire de Montréal
First Semester: Personal appearance
improvement courses
Second Semester: Practical chairside assisting where each participant
will assist a demonstrator at the Dental Clinic of the Faculty of
Oral Surgery, Université de Montréal

III. *Minimum Requirements for Formal Programs:*

The preceding tables were used for comparison and evaluation. Sections III and IV are recommendations for consideration by the Council on Education. Heading numbers correspond to those in the tables of Sections I and II. Only those considered to be useful for the preparation of the final document by the Council on Education have been used.

(1) Type of School:

The possibilities to consider are:

1. Post-secondary schools
 - (a) Faculties of Dentistry within universities
 - (b) Vocational schools and technical institutes
 - (c) Junior colleges.
2. Secondary schools.

Faculties of Dentistry would be ideal but at the present time none are available. Edmonton and Montreal do utilize the clinical facilities.

Junior Colleges would be a possibility in the future.

Vocational Schools and Technical Institutes; Secondary Schools

All three are now in operation and are proving to be satisfactory.

The one objection to the secondary school level has been that of age. However, since all three such schools can be selective in choosing candidates, the older, more mature applicants receive preference. Immaturity of students and immediate graduates does not appear to have been significant in their undergraduate or graduate performance.

Therefore, dependent upon provincial preference, all three types of school would be acceptable.

(21) Course Duration:

Secondary school courses could be based on the regulation 10 months and post-secondary school courses on the 8 month academic year. Approximate hours are included under Curriculum.

(19) Entrance Requirements:

Minimum age regulations are disappearing from requirements for most courses. The maturity of the applicant and the academic qualifications required by the parent bodies should be the basic requirement. When applications exceed available places the most highly qualified will be accepted.

Therefore, providing the "Type of School" meets the required standard, the admission requirements of that school would be acceptable.

(4) Number of Students:

This would be governed by:

1. Local needs for trained assistants.
2. Space and staff available within the institution.

(2) and (3) Approval for starting a Course:

1. Provincial Corporate Body.
2. Canadian Dental Association Council on Education.
3. Provincial Department of Education.
4. Local Board of Education where applicable.
5. Faculty of Dentistry if present in the Province.

(10) & (14) Advisory Committee and Curriculum Committee:

Representations from:

1. Provincial Corporate Body.
2. Provincial Department of Education.
3. Local Board of Education.
4. Provincial Faculty of Dentistry where available.
5. Course Director.
6. Local Dental Society.
7. Local Dental Nurses and Assistants Association.

This Committee would continue to act to review curriculum periodically or be granted the power to appoint a review committee.

(5), (6), (7), (8) Physical Plant:

This is dependent upon:

1. Will it be a treatment centre?
2. Will it be a teaching centre only?
3. Number of students.
4. Space available.

It should include:

1. Lecture area or room.
2. Laboratory area or room.
3. Dental area or rooms.
4. Sterilizing area or room.
5. Director's office.
6. Locker room and changing room.
7. X-ray room.
8. Dark room.
9. Reception room and business office.
10. Storage room.

Plans are available as noted in (6), (7), and (8) and also in "Organizing a Dental Assistant Training Program".

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U.S. Department of Health, Education and Welfare Superintendent of Documents, U.S. Government Printing office Washington, D.C. 20402 (Price 35c)

This is an excellent booklet and has been used for information and comparison purposes in the preparation of this report.

(9) Staff:

All of the following would be acceptable (in order of preference) :

1. Dentist with experience in dental assisting, recent private practice utilization of assistants or public health.
2. Dental Hygienist with B.A. degree in education, dental hygiene or general arts and experience in teaching, practice, public health, and dental assisting.
3. Dental Assistant with B.A. degree in education or general arts, recent dental experience or graduate of a formal school and experience in teaching.

If a dentist were not available and either a Hygienist or Assistant were appointed, then a part-time dentist would be necessary.

All of the above categories are also required to qualify for teaching certificates as required by Provincial Departments of Education.

(15), (16), (17), (18) Equipment, Supplies, Texts, Visual Aids:

All schools now operating are well equipped and the lists as provided by them plus those contained in "Organizing a Dental Assistant Training Program" would provide adequate minimum requirements and could be used for evaluation purposes if considered necessary.

(12) Diploma or Certificate:

A Certificate presented by the Provincial Corporate Body on successful completion of an accredited course would become a national requirement for certification.

(13) Scholarships and Prizes:

Corporate Bodies, local dental societies and private donors should be encouraged to provide scholarships and prizes.

(22) Curriculum and Hours:

1. Basic Sciences — Lectures and Laboratories:—200 hours

Anatomy
Physiology
Bacteriology
Pathology
Histology
Dental Anatomy

2. Allied Dental Subjects — Lectures and Laboratories:—200 hours

Ethics
Terminology
Equipment and Supplies
Dental Materials
Public Health and Oral Hygiene

3. Allied Subjects — 100 hours
 - First Aid
 - Diet and Nutrition
 - Pharmacology
 - Psychology and Personality Development
4. Business Skills — 150 hours
 - Office Management
 - Records, fees and collection
 - Accounting
 - Communication
 - Typing
5. Dental Assisting — Lectures, Laboratories and Practical experience:—600 hours
 - Radiography
 - Periodontics
 - Oral Surgery
 - Endodontics
 - Paedodontics
 - Orthodontics
 - Prosthodontics
 - Operative Dentistry
 - Charting
 - Sterilization

IV. *Minimum Requirements for Extension Courses:*

Extension courses fill a need for self-improvement for the individual. They also provide the dental profession with educated auxiliaries. Even though practical experience may be limited, an assistant who has this background knowledge can be trained much faster by the individual dentist than one without any dental education. Therefore, these courses should be encouraged.

Students fall into one of four categories:

1. Those currently employed in dental offices. These students require basic knowledge to augment their clinical experience.
2. Those who have had dental assisting experience in the past but have not worked as dental assistants for some years. These students require not only basic knowledge but also instruction in new methods.
3. Those who are not at present employed and have not had any dental experience. These students require the discipline of study in a professional field and also basic dental knowledge.
4. Those who are at present employed in other kinds of work and would like to change to dental assisting. These students have the same requirements as number three.

Due to these varieties of backgrounds and students' needs, minimum entrance requirements, hours and course content are more difficult to standardize than for the formal programs.

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Extension Courses

- (1) Sponsored by:
The corporate bodies, by virtue of the fact that they have jurisdiction over dental education in their provinces, should be the sponsoring agent. When a program has been established they should continue to act as an advisory committee or could delegate this duty to another group which would be responsible to them.
- (2) The courses should be conducted:
In any school, university or hospital where space and permission is available. University clinics, public health units or approved private offices could be used for practical experience or demonstrations.
- (6) Teachers:
Dentists who employ assistants and who have teaching experience, or dentists who are engaged in full-time teaching, are best qualified to teach these courses. Since these dentists are actively engaged in practice, organized dentistry or teaching, they find it difficult to devote as much time as would be desirable. Consequently, many dentists giving fewer hours each makes for lack of continuity of staff. However, each is usually a specialist in his area of responsibility. Therefore, it is recommended that the corporate bodies engage dentists to teach specialized subjects.
- (7) Numbers of students per class:
Would be dependent upon the space available for lectures and the requirements of the local area for trained assistants.
- (9) Examinations:
Should be held twice during the academic year, one at mid-term and the other at the completion of the course. Since some students would be older and absent from study methods for some time, a recommended probationary period could be until the end of the mid-term examinations. Those who did not meet the required admission standards and were admitted as mature students and failed to pass the mid-term examinations should be advised to withdraw.
Attendance at 80% of classes would be necessary to write either the mid-term or final examinations.
- (10) The Corporate body should present a *Certificate* on successful completion of an approved extension program. This Certificate, along with other requirements, would permit the candidate to become certified under the proposed certification plan.
- (3) Entrance Requirements
Grade XI
Preference given to those with experience as a dental assistant and to those with typing proficiency. Mature students over the age of 25 accepted on a probationary status which would be removed after successfully passing the mid-term examinations.

(5) and (11) Curriculum and Hours

Total of 90 hours which can be achieved in 1 academic year with classes of 2 hours each held twice weekly.

Basic Sciences — 15 hours

Dental Anatomy
Pathology
Bacteriology

Office Administration — 10 hours

Office, Patient Routine and Communication
Records — financial and clinical

Dental Subjects — 35 hours

Dental Terminology
Oral Hygiene, Preventive Dentistry, Diet and Nutrition
Ethics and Organization
Dental Pharmacology
Dental Materials
Dental Emergencies
Sterilization
Dental Supplies, Equipment and care, Instruments and care
Dental Public Health and Research
Professional Deportment

Chairside Assisting — 30 hours

(a) Radiography

Paedodontics
Orthodontics
Operative Dentistry
Endodontics
Oral Surgery
Prosthetics, Crown and Bridge
Charting
Periodontics

(b) Practical experience and demonstrations strongly advised.

Cap Insignia

Some provinces have approved and are now using a cap insignia to signify completion of their certification program while other provinces use an insignia to denote successful completion of an approved extension program. Since it is anticipated that other formal and extension programs will be starting and since Dental Hygiene has now adopted nationally the mauve cap band insignia, consideration should be given to the establishment of a cap insignia which will be recognized by the profession and by the public on a national level.

It is recommended therefore that all corporate bodies present to successful candidates of formal and extension programs, along with the certificate, the right to wear a medium-blue cap band (colour and width specifications to be provided) and it is also recommended that no further cap insignia be adopted to

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signify certification. Those assistants who, up to the present, have earned the right to wear existing bands should, on application to the corporate body, be permitted to change to the proposed national cap insignia.

Nomenclature

All women who act in the capacity of a chairside assistant, whether trained on the job, by formal programs or by extension programs should be known as Dental Assistants.

All accredited programs presently in operation and those which subsequently will operate should be known as

Dental Assistant Training Course — Formal Program
or Dental Assistant Training Course — Extension Program

When a national accreditation program is established, those Dental Assistants who are qualified will be registered as such with the proposed national accreditation board.

The material contained in sections I and II of this report is a summary of "Courses for Dental Assistants", March 1966, Vol. 1, Nacht and Kaufmann, and personal communications with some of the course directors.

Ideas for the recommendations were obtained by comparing the existing Canadian programs and "Organizing a Dental Assistant Training Program" U.S. Department of Health, Education and Welfare, Office of Education, Public Health Service, United States Government Printing Office, Division of Public Documents, Washington, D.C. 20402.

The recommendations are those of the writer and are respectfully submitted to the Council on Education, Canadian Dental Association, for consideration.

Marjorie Jackson, D.D.S.

Appendix C

REPORT ON THE DENTAL TECHNICIANS CONFERENCE

Canadian Dental Association Headquarters

January 18, 1967

The general purpose was to review matters concerning the improvement of co-operation between the dental profession and technicians.

The discussions that ensued disclosed the following opinions.

There is not at present a generally accepted definition of a Dental Technician. This may be the result of not having a suitable standard with which to evaluate an individual's capabilities in this field. Present curricula of technical training programs should conform to minimum standards and perhaps come under the purview of the Council on Education.

Recruitment of students for specialized technical training programs is contingent on the final salary expectations of the graduate. It was stated that the graduate technician's salary was too low to attract a person with Grade 12 or its equivalent. A study of costs as well as wages in the industry was felt to be necessary to clarify this situation. It was of note that Grade 10 was acceptable for the training of dental technicians in the Canadian Dental Corps. It was suggested that the dental associations should provide more active public relations pro-

grams, particularly directed towards high schools, the objective being to stress the dental team approach and the part the technician plays, thereby increasing the post-high school recruitment of students.

With the exception of British Columbia, Manitoba and Ontario there appeared to be no current shortage of trained dental technicians. Newfoundland would use more technicians if they were available at the lower wage levels of this province. It was further stated that foreign technicians are generally accepted if they can prove their abilities by actual performance. Foreign certificates of qualification were deemed not reliable.

The dental technician wants to be considered a member of the dental health team on his own terms. The indications were that he sought training in a university Faculty of Dentistry to gain status equal to other members of the dental health team. This training should be controlled by the technicians and the graduate technician should not be an employee of dentists. The employment of technicians by dentists in group practices appeared to cause some concern, particularly in the instance where the technician had not been duly qualified by the Governing Board of Dental Technicians. No acceptable solution to these aspects was arrived at during this conference.

Educational standards for the dental laboratory technician did not create lengthy discussion. Each of the directors of the formal training programs in Canada outlined the curriculum and registration in the existing schools.

On the subject of economics of the dental laboratory industry, it was stated that the average earnings of dental technicians were too low and not competitive with other vocations. Various reasons for this situation included price-cutting by laboratory owners and an unwillingness of some members of the dental profession to meet laboratory costs. A national study of laboratory costs and wages, such as the one currently being conducted in British Columbia, is necessary to enable other provinces to analyse the situation fairly. Illegal practice was also attributed to the low economic condition of the industry.

A national certification program for dental laboratory technicians was deemed of necessity to be a voluntary matter, because the federal government has no jurisdiction in this field. Because certain provinces lack certification programs to date, a national program is at least premature. A federal dental technicians' association was considered to be a prerequisite to a national certification program.

Accreditation of laboratories met with disfavour by the representatives of the dental laboratory industry. Restraint of trade and being controlled by the profession were cited as being undesirable. It was asserted that it would give the laboratory neither status nor recognition to be accredited by a board of dentists.

The report from the provinces with dental mechanics legislation disclosed that in British Columbia the right to provide partial dentures is being sought. This is detrimental to the small laboratories who rely chiefly on complete denture production. The tendency is for these people to become mechanics and relinquish their rights as technicians.

In Alberta there are separate acts for mechanics and technicians. Each has also a separate board. Mechanics can work for the public or for the profession if registered both as a technician and a mechanic. Naturally the technicians are

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at a disadvantage and would prefer to have the two acts merged with a single certificate for both.

The complexity and scope of the problems which were disclosed at this conference lead to a general agreement that there is need for a further joint conference to pursue these all-important aspects.

E. P. Downton, D.D.S.

MEMBERS: *H. M. Cline, Chairman, Vancouver; M. V. J. Keenan, Sudbury; J. P. Whyte, Swift Current; R. Langlois, Quebec.*

REPORT

(comments and action in **bold face type**)

1. During the past year several items have been referred to the Council on Constitution and By-Laws for opinion and comment, which items, in their present state of incompleteness, do not appropriately form part of this report.

2. In accordance with the action of the Board of Governors in recognizing Restorative Dentistry and Endodontics as Sections of the Canadian Dental Association, the following addition to the by-laws should be made, namely:

To Article XI, Sections, add:

Restorative Dentistry
and
Endodontics

The following resolution is presented in support of Council's wishes:

Whereas the Board of Governors of the CDA has recognized Restorative Dentistry and Endodontics as Sections (*Transactions* 1966:80) therefore be it

Resolved that Article XI, Section 1, of the by-laws be amended to include Sections on Endodontics and Restorative Dentistry.

ADOPTED

3. The subject of definition of "provincial statutory dental corporation" and the implications of same is under study and full report should be available for the next meeting of the Board.

The following resolution was presented from the floor:

Whereas Article II, Section 1 of the by-laws of the CDA specifies that corporate members shall consist of "provincial statutory dental corporations", and

Whereas it has been suggested that legal opinions vary in respect of the interpretation of the designation "provincial statutory dental corporations", and

Whereas it is mandatory that the deliberations of the Board of Governors be conducted in an atmosphere which ensures their constitutionality, therefore be it

Resolved that the Executive Council seek other legal opinions, and be it further

Resolved that the Council on Constitution and By-Laws be requested to review Article II, Section 1 of the by-laws to the end that the Council may propose a by-law amendment which provides a definition of "Corporate Members" which is clear and unequivocal.

ADOPTED

4. At the last meeting of the Board of Governors, approval was given to transferring Ontario's corporate membership from the Royal College of Dental Surgeons of Ontario to The Ontario Dental Association; this change should be officially made in all references concerned as of May 1, 1967.

The report of the Council on Constitution and By-Laws is chiefly informative in character. A word of commendation is due the chairman and the Committee members. Moved by Abra, seconded by Taylor:

That the report of the Council on Constitution and By-Laws be adopted, as amended.

ADOPTED

CONVENTION

MEMBERS: *Roy G. Ellis, Chairman; W. J. Spence; M. Cornish; J. G. Dale; J. P. Coupland, ex-officio; J. B. Taylor, ex-officio; O. J. Yule, ex-officio; M. Cornish, General Arrangements; E. G. Sonley, Registration; E. S. Branscombe, Reception; J. A. Bigelow, Publicity; D. O. McIntyre, Luncheons; D. W. Lewis, Printed Program; R. A. Hugill, Scientific Motion Pictures; G. M. Marshall, Group Clinics, D. B. Stephenson, Projected Clinics; N. Levine, Table Clinics & Seminars; W. G. Woods, Commercial Exhibits; H. A. Ferguson, Equipment; J. G. Dale, History; G. Poyton, Art Exhibit; M. G. Boyes, Host; K. I. Levinson, W. D. Cavanagh, J. E. C. McGowan, Entertainment; Mrs. R. G. Ellis, Mrs. W. J. Spence, Mrs. J. P. Coupland, Mrs. J. B. Taylor, Ladies' Committee; Mrs. W. C. Durham, Treasurer; K. L. Croft, Secretary.*

REPORT

(comments and action in **bold face type**)

1. As general chairman of the Committee I present this report on behalf of the members of the Committee, and wish to express my profound admiration and thanks for the work they are doing. It has been a privilege to serve with them.
2. The chairman requested the establishment of an Advisory Committee, comprised of a representative from The Ontario Dental Association, the Canadian Dental Association and the Royal College of Dental Surgeons of Ontario. The representatives named were: Dr. W. J. Spence, Mr. K. L. Croft and Dr. J. P. Coupland, respectively. The Advisory Committee has met only occasionally, when a major policy matter required a decision. Their advice has been extremely valuable to the chairman.
3. The Board of Governors meeting is to be held from May 10 - 13 inclusive, at the Royal York Hotel, just prior to the Joint Convention. Dr. O. J. Yule, in charge of local arrangements, was invited to serve, ex-officio, on the Convention Committee.
4. A well-balanced program has been prepared, providing ample opportunity for a stimulating and rewarding experience, both educationally and socially, for those in attendance. A synopsis of the program is provided in Appendix A.
5. From the outset, the Committee was conscious of its unique opportunity to recognize Canada's Centennial Year and give special emphasis to the 100th Birthday of The Ontario Dental Association.

Symbol

6. The symbol which appears on the letterhead for the 1967 Convention will be featured in a number of ways during the birthday celebrations.

Historical Features

7. (a) Decorations

An extensive mural featuring the "Fathers of The Ontario Dental Association" and other facets of historical interest is being prepared for display in the Canadian Room during the Convention. We are deeply indebted to Dr. J. G. Dale for the enormous contribution he is making with this and other projects designed to focus attention on our past history.

(b) Brochure

An historical brochure is being prepared for distribution as a souvenir to all dentists who register at the Convention, through a special grant from The Ontario Dental Association.

(c) Museum

A museum exhibit will be on display in the Saskatchewan Room throughout the meeting. It will feature the early Canadian dentist in his office of 1867.

Publicity

8. The publicity included:

- (a) Copy which has been appearing in the *Journals of The Ontario Dental Association* and the *Canadian Dental Association*.
- (b) One direct mailing about February 12th to all dentists in Canada — courtesy Province of Ontario, Department of Tourism, and the Convention and Tourist Bureau of Metropolitan Toronto.
- (c) One direct mailing about the end of February by the Canadian Dental Association and the Publicity Committee to all dentists, but particularly to the wives of dentists.
- (d) One direct mailing by Air Canada to dentists outside of Ontario.
- (e) The final program to be mailed to all dentists in Canada about April 1st.
- (f) In early April, the magazine *Dental Practice* — published by Procter and Gamble Company — will feature the Convention on its cover.
- (g) Announcements have been sent to all Editors of provincial dental organizations, and *Dental Times* (USA).
- (h) The Canadian Dental Association, The Ontario Dental Association and the Royal College of Dental Surgeons of Ontario are using postage meter advertising on their outgoing mail.
- (i) Stickers, portraying the symbol and the Convention dates are used on monthly statements to dentists sent out by the supply houses.

Luncheons

9. The Centennial Convention theme—"What's Past is Prologue"—will be developed by the three luncheon speakers (Dr. A. W. Trueman, Dr. D. W. Gullett, and Professor Arthur Porter). They will review Canada Past, Dentistry Through 100 Years, and Canada Future.

Scientific Program

10. The principal essayists and clinicians include internationally prominent men. A score of group clinicians feature outstanding Canadians representing almost all provinces. Twenty table clinics, nine projected clinics, Study Club Seminars and scientific films round out the scientific program.

Sections

11. Seven Section meetings will be held in conjunction with the main meeting. Speakers have been integrated into the Sections and a synopsis of the Section programs will be carried in the official printed program. In addition, the Dental Hygienists and the Dental Nurses and Assistants have prepared stimulating programs.

The Board notes with pleasure the integration of the general scientific program with that of the Sections of CDA, and strongly recommends that advance liaison with the Sections be continued to ensure similar integration in future Convention programs.

CONVENTION

Registration

12. Estimated attendance was set at 2,100 dentists and 800 wives. Advance registration is being urged. Registration forms are included with publicity material. The men's Convention fee (1967) will be \$15 and will include the three luncheons and the Monday and Tuesday evening social functions. The ladies' Convention fee (1967) will be \$12 and will include all the special ladies' functions and the Monday and Tuesday evening social functions. The Centennial Ball on Wednesday evening will be \$20 per couple.

Sunday Evening

13. The Concert Centennial to be presented on Sunday evening will include attractive musical selections under the direction of Mr. Ernest Adams. A reception will be held following the concert.

Ladies' Program

14. The Ladies' Program is outlined in Appendix B.

Special Evening Events

15. On Monday evening, May 15, an informal gala Birthday Party will be held honouring The Ontario Dental Association. Highlights of the evening will include a giant birthday cake and the selection of the Centennial Queen. On Tuesday evening, May 16, following the Class Reunions, a Barn-raising Bee will be held with appropriate settings and entertainment.

Centennial Ball

16. The Ladies' Committee has worked hard to produce an imaginative Dinner-Dance, with entertainment, for Wednesday evening, May 17th. This should be a fitting climax to the Convention celebrations. Accommodation necessitates placing a limit of 500 double tickets to be sold in advance on a "first come — first served" basis.

Printed Program

17. The official program was scheduled to be printed and ready for distribution to every dentist in Canada about four to six weeks in advance of the meeting. Extra copies will be available at the registration desk. The net cost of printed program and its distribution will be about \$3,500. (See Budget Appendix C).

Exhibitors

18. All 150 exhibit spaces have been sold and we have a waiting list of exhibitors who have requested space. An exhibitors' reception will be held Tuesday evening.

Art Exhibit

19. An exhibit of creative art will be set up on the Convention Mezzanine. Members of the profession, their families and employees, are being invited to submit works for exhibition.

Budget

20. The budget is attached as Appendix C.

The Convention report is for information only.

The Board of Governors extends its sincere thanks and appreciation to Dr. Ellis and all his committees for the high calibre of the scientific and social programs.

Moved by Bruce, seconded by Spence:

That the report of the Convention Committee be adopted.

ADOPTED

Program

Sunday, May 14th

2:00 p.m. - 10:00 p.m.	Registration
8:15 p.m.	Concert Centennial
	Presidents' Reception

Monday, May 15th

8:30 a.m. - 5:00 p.m.	Registration
8:30 a.m.	Dental Public Health Breakfast
9:00 a.m. - 5:00 p.m.	Commercial Exhibits
9:30 a.m. - 11:30 a.m.	Table Clinics
10:15 a.m. - 11:30 a.m.	Essay — Dr. H. M. Worth
12:15 p.m.	Luncheon — Dr. A. W. Trueman
2:15 p.m. - 3:15 p.m.	Grieve Memorial Lecture — Dr. D. G. Woodside
2:30 p.m. - 4:30 p.m.	Projected Clinics
2:30 p.m. - 5:00 p.m.	Scientific Films
3:15 p.m. - 4:30 p.m.	Essay — Dr. J. I. Ingle
8:30 p.m.	Birthday Party

Tuesday, May 16th

8:30 a.m. - 5:00 p.m.	Registration
9:00 a.m. - 5:00 p.m.	Commercial Exhibits
9:30 a.m. - 10:45 a.m.	Essay — Dr. D. D. Krajicek
9:30 a.m. - 11:45 a.m.	Group Clinics
12:15 p.m.	Luncheon — Dr. D. W. Gullett
2:30 p.m.	C.D.A. Presentation — Dr. H. Hillenbrand
2:30 p.m. - 5:00 p.m.	Scientific Films
2:30 p.m. - 4:45 p.m.	Group Clinics
4:00 p.m.	R.C.D.C. Association
6:00 p.m.	Class Reunions
9:30 p.m.	Barn-raising Bee

Wednesday, May 17th

9:00 a.m. - 12:00 (Noon)	Registration
9:00 a.m. - 1:00 p.m.	Commercial Exhibits
9:30 a.m. - 10:45 a.m.	Essay — Dr. L. Burket
9:30 a.m. - 11:45 a.m.	Group Clinics
12:15 p.m.	Luncheon — Dr. A. Porter
2:30 p.m. - 5:00 p.m.	Scientific Films (Requests)
2:30 p.m. - 4:30 p.m.	Seminars (Study Clubs)
3:15 p.m. - 4:30 p.m.	Panel Discussion
7:00 p.m. - 8:00 p.m.	Social Hour
8:00 p.m.	Centennial Ball

CONVENTION

Appendix A

Sections Programs

Section	Day
Can. Academy of Restorative Dentistry	Sat.
Can. Soc. of Orthodontists	Mon., Tues., Wed.
Can. Soc. of Oral Surgeons	Sun., Mon., Tues.
Can. Academy of Prosthodontics	Mon.
Can. Academy of Periodontology	Mon., Tues.
Can. Academy of Endodontics	Mon., Tues.
Can. Academy of Paedodontics	Tues.
Can. Soc. of Public Health Dentists	Tues., Wed.
Can. Dental Hygienists' Association	Mon., Tues., Wed.
Dental Nurses and Assistants Association	Mon., Tues., Wed.

General

Convention Office	Mon., Tues., Wed.
Museum	Mon., Tues., Wed.
Art Exhibit	Mon., Tues., Wed.

Appendix B

LADIES' PROGRAM — CDA CONVENTION 1967

Sunday, May 14th — Registration

p.m. — Concert Centennial
— Presidents' Reception

Monday, May 15th — Registration

— Un Petit Déjeuner pas comme
les autres — Georgian Room, Eaton's
(Food with strolling musicians)
— Tour of City Hall and Stock Exchange
p.m. — Birthday Party — Royal York Hotel
Entertainment and Crowning of
Birthday Queen

Tuesday, May 16th — Registration

— Social Hour — O'Keefe Centre
Circa 1867
(Antiques, 100 years of art and music)
— Buffet Luncheon
— Tour of O'Keefe Centre
p.m. — Barn-raising Bee — Royal York Hotel
(Old-fashioned Fun)

Wednesday, May 17th — Eedee Awards Fashion Spectacular

Maytime luncheon, favours and lucky draws — Inn on the
Park
p.m. — Reception and Centennial Ball — Royal York Hotel
(Entertainment and dancing)

(Ladies' Hospitality Suite open except during the times of planned functions)

1967 CONVENTION BUDGET

Revenue

1967 Convention Fee	\$15. (2,100)	\$31,500
Ladies' Convention Fee	\$12. (800)	9,600
Exhibit Hall		24,000
		\$65,100

Expenditures

Clinicians	\$ 6,000	
Program	3,500	
Registration	1,000	
Musicale	1,500	
Motion Pictures	125	
Exhibitors' Reception	750	
Flowers	300	
Presidents' Reception	750	
Luncheons	18,000	
Host	600	
Publicity	1,500	
Operating	12,000	
Convention Sundry	1,000	
Office	500	
Art Exhibit	1,500	
Ladies' Committee	5,500	
Entertainment and decorations	6,000	
Museum	725	
Contingencies	3,000	64,250
Net Profit		\$ 850

(It is anticipated that the sale of tickets for the dinner-dance will cover the cost of the meal.)

DENTAL SERVICES

MEMBERS: *H. G. Pettapiece, Chairman, Parksville; B. M. MacKenzie, Edmonton; J. M. Carefoot, Oshawa; P. E. Currie, London; A. H. Ervin, Dartmouth; G. Lie, Weston; H. Hamel, Quebec.*

REPORT

(comments and action in **bold face type**)

1. The Dental Services Committee met October 20 - 21, 1966 in the boardroom of the CDA headquarters. The Committee was pleased that Cedric B. Allaby, Chairman of the New Brunswick Dental Services Committee, and Dr. R. A. Connor, Chief, Dental Health Division, Department of National Health and Welfare, were able to attend the meeting.

2. The many contributions of the previous chairman, Dr. R. A. Clappison, were praised and thanks sent to him and members of his sub-committee for their prodigious work in the area of the relative value method of fee determination. Appreciation was also expressed for the excellent work of the CDA executive staff.

Provincial Reports

3. The Dental Services Association of British Columbia, in conjunction with Credit Union and Cooperative Health Services Society, on July 1, 1966 began a dental plan with the Sheet Metal Workers. It was reported that the plan had been operating quite satisfactorily for all parties and that negotiations were being conducted for plans with the Longshoremen and the Carpenters. The Alberta Dental Service Corporation was activated in July, 1966 and, with \$25,000 voted by the Alberta Dental Association, it was anticipated that by July, 1967 the corporation would be in a position to offer a program to groups. New Brunswick does not have a dental service corporation. However, the Maritime Hospital Service Association, having drafted a dental care plan, seemed prepared to implement it by November, 1966 with or without dental society sponsorship. Nova Scotia has a dental service corporation; while progress has not proceeded past the study stage, a draft plan was submitted to the Nova Scotia government which wished to finance the plan through a per capita grant, rather than through a cost-plus agreement. The College of Dental Surgeons of the province of Quebec has been working on a plan for needy children.

Paragraph 3 contains reference to dental service plans. As further comment on this topic the following resolution is proposed:

Whereas the provincial bodies are seeking direction from the Canadian Dental Association regarding dental prepayment plans, and

Whereas dental service plans are in operation in some provinces, and

Whereas the Dental Services Committee requires information concerning the operation of dental service plans in Canada, therefore be it

Resolved that the Dental Services Committee be empowered to add consultant members from operating dental service plans.

ADOPTED

Principles of Prepayment Plans

4. The matter of reviewing the Policy Statement on Dental Prepayment Plans and elaborating on prepayment principles was referred to the chairman of this Committee. A draft of the principles has been prepared and circulated to Committee members for their comments.

The Board of Governors agrees with paragraph 4 and recommends that the study on prepayment principles be enlarged to:

- (1) gather all available information on existing prepayment plans;**
- (2) compare activities and scope of these plans as they now exist;**
- (3) advise on the extent to which the dental profession should be involved in the operation of such plans.**

ADOPTED

It is further recommended that CDA publish no further policy statements on this subject until these studies are completed.

ADOPTED

Projection of Dental Services

5. The Committee reviewed the amendments to the Policy Statement on Projection of Dental Services in Canada recommended by the sub-committee of the Executive Council. (See also the report of the Executive Council). The Committee passed the following motion:

Whereas there is evidence that at least one corporate member is not completely satisfied with the Policy Statement on Projection of Dental Services in Canada, and

Whereas at the October, 1966 meeting of the Dental Services Committee there was an expression of disagreement with some paragraphs in the policy statement, and

Whereas this document is regarded by the Dental Services Committee as an important one that should be retained in some form, therefore be it

Resolved that the Dental Services Committee recommend to the Executive Council of the CDA that the corporate members be requested to comment and perhaps recommend changes in the existing policy statement.

ADOPTED

Principles of Dental Welfare Plans

6. Dr. Carefoot was requested to: (1) gather all available information on existing welfare plans; (2) compare activities and scope of these plans as they now exist; (3) formulate principles of development and extension of dental welfare plans in Canada.

Paragraph 6 is informative and the proposed first draft is currently awaited.

Fee Schedules

7. The Committee was informed that all provinces seem to have either developed or revised their fee schedules or are working towards this end, using in most cases the relative value method of fee determination.

8. It was reported that dissatisfaction had been expressed by dentists in regard to the Medical Services' Indian Health Services Schedule of Dental Fees. The schedule was revised this year and has been submitted for approval.

DENTAL SERVICES

With regard to the comments on the use of provincial fee schedules, as referred to in paragraphs 7 and 8, the following resolution is proposed:

Whereas all provinces have provincial fee schedules, and

Whereas various federal government agencies pay for dental services in a variety of ways employing different fee schedules, therefore be it

Resolved that the Canadian Dental Association urge the federal government to pay for all dental services by relating fees to provincial fee schedules.

ADOPTED

9. The chairman made note of the fact that much opposition is appearing in regard to the multiplicity and variation in forms and fee schedules used by various government departments. It is hoped that this Committee can some day soon resolve this problem by determining methods of instituting the use of standard forms and nomenclature by all agencies, with fees in accordance with the provincial fee schedules.

It is recommended that the proposed action in paragraph 9 be restricted for the present to the preparation of a coding system related to the reference list of dental services as published in the 1964 *Transactions*. The desirability of a standard treatment form is nevertheless recognized.

ADOPTED

Dental Health Plan for Children

10. The Committee discussed the best means for dealing with the 1966 resolution of the Board of Governors which requested this Committee to develop a dental health plan for children. (See *Transactions* 1966:150) Paragraphs 133 to 136 of the CDA brief submitted to the Royal Commission on Health Services in 1962 were carefully reviewed and principles of a dental health plan for children were discussed. Dr. MacKenzie prepared a draft of these principles. It was agreed that a steering committee be formed as a sub-committee of the Dental Services Committee as follows: Dr. Lie (Chairman) and Dr. Currie, with power to add. In February, Drs. Bilkey, Woodside, Parrott and Levine were added to the steering committee.

11. The sub-committee's terms of reference are:

- (a) to solicit information from Councils, Committees, Sections, Corporate Members and appropriate individuals relative to the development of a dental health plan for children;
- (b) to compile the information received and formulate a tentative dental health plan for children;
- (c) to circulate the draft to members of the Dental Services Committee and then subsequently to the Councils, Committees, Sections, Corporate Members and appropriate individuals for study and constructive criticism.

12. We are delighted that the first draft of the Dental Health Plan for Children has been produced with such expeditiousness and detail. Before the first draft of the steering committee's report was written, two letters requesting comments and opinions on the subject of a dental health plan for children were sent out to certain Councils and Committees and to all Sections and Corporate Members.

DENTAL SERVICES

In January, the first draft of the report was circulated to all members of the Dental Services Committee and to the chairmen of the provincial dental services committees. At the same time, it was sent to members of the Board of Governors, CDA Council, Committee and Section chairmen and to secretaries of Corporate Members and Sections. Comments have generally been favourable and a second draft will follow shortly.

Recognition and thanks are extended to Dr. Lie and his sub-committee for their impressive first draft of the Dental Health Plan for Children. The second draft is awaited.

The report of the Dental Services Committee is essentially informative in nature.

Moved by Kearney, seconded by Peters

That the report of the Dental Services Committee be adopted as amended.

ADOPTED

NATIONAL EXECUTIVE COUNCIL: *P. E. Currie, Chairman, London; E. A. Stang, Edmonton; E. F. Allison, Calgary; J. Stasiuk, Portage La Prairie; C. H. McCormick, Winnipeg; J. J. Schacter, Regina; A. Grimsrud, Regina; N. Levine, Toronto; D. Pulver, Toronto; T. D. Ingham, Halifax; D. T. McIntosh, Halifax; R. L. Scott, Canadian Academy of Paedodontics; D. L. Rife, Executive Secretary-Treasurer, Toronto.*

REPORT

(comments and action in **bold face type**)

1. The fourth annual meeting of the National Executive Council of the Section was held on June 12, 1966 in conjunction with the CDA meeting at the Nova Scotian Hotel, Halifax, Nova Scotia.
2. The newly formed Atlantic Chapter was officially recognized and the two delegates seated in Council.
3. The component chapters of the CSDC now consist of the Atlantic, Alberta, Saskatchewan, Manitoba and Ontario with a total membership in excess of three hundred and seventy dentists. British Columbia has not proposed formation of a chapter; however, a list of potential members and a submission of required fees has been submitted to the National Executive Secretary. With the exception of Quebec, the CSDC has national representation.
4. In Halifax, the Council:
 - (a) Resolved that when an application is received, delegates appointed, and when written evidence of a willingness to support the Constitution and By-Laws of the CSDC has been presented, the British Columbia Chapter is to be admitted to the Canadian Society of Dentistry for Children and their delegates are to be recognized and a charter to be issued.
 - (b) Reviewed the terms of the CSDC Awards presented to Canadian Dental Schools and further recommended that chapters award a year membership in the CSDC to the most promising student in the junior or senior year, as selected by the dean of the dental school and the head of the paedodontic department. The National Executive Council would further recognize the student by providing a one year subscription to the *Journal of Dentistry for Children*.
 - (c) Passed a motion with respect to the granting of life membership in the Canadian Society of Dentistry for Children in that the responsibility of granting such life membership shall remain the responsibility of the National Executive Council with financial responsibility remaining with the chapter sponsoring the individual so being recognized.
 - (d) Introduced a constitutional amendment to have one delegate from the Academy of Paedodontics as a fully-participating and voting member of the National Executive Council, and that should an Academy delegate be chosen Chairman an alternative delegate to be appointed from the Academy.

- (e) Appointed a publicity chairman, the first of whom is Dr. D. McIntosh, Halifax.
 - (f) Elected C. H. McCormick, Chairman 1966-67.
5. Since the Halifax Meeting:
- (a) The National Executive Secretary requested component chapters to submit resumes on points to be considered by CSDC that should be forwarded to the Dental Services Committee of CDA on the dental health plan for children.
 - (b) Forwarded correspondence to B.C. in an attempt to finalize the formation of a B.C. Chapter CSDC prior to the 1968 CDA Convention, with little success.
 - (c) Took under consideration co-sponsoring with the Academy of Paedodontics a Memorial Lecture Award to be presented each year by an outstanding dentist at the time of the Canadian Dental Association Annual Convention.
6. The Executive Secretary-Treasurer has an active interest in the following organizations:
- (a) Second Canadian Conference on Children — a detailed report was submitted to the Secretary of the Canadian Dental Association. Conference renamed Canadian Council on Children and Youth.
 - (b) Representative, National Flouridation Committee, Health League of Canada.
 - (c) Representative of the CDA to the Medical Advisory Board, Health League of Canada.
7. Chairman's Remarks
- (1) The successful growth and development of the CSDC dealing in the past few years must be attributed to the capable leadership of the immediate past chairman, Dr. Peter Currie, and his supporting Council.
 - (2) The CSDC and its constituent chapters have an increasing, responsible function to perform and develop dental services for children in Canada. Action is required now; positive and constructive planning and alternative proposals must be made ready to guide any provincial or national program on dentistry that may be proposed for Canadian children.
8. Awards 1966 — Dalhousie University, Dr. Maurice Wong.
9. The following amendments have been duly made to the Constitution:
- Article 5 amended by the addition of the words "one delegate from the Canadian Academy of Paedodontics" to read:
- "There shall be a National Executive Council which will consist of two delegates appointed from each chapter, one delegate from the Canadian Academy of Paedodontics, and the National

DENTISTRY FOR CHILDREN

Executive Secretary-Treasurer. Delegates from each chapter will serve for overlapping two year terms, one being chosen each year."

ADOPTED

Article 6 Amended by the addition of the words "or the Canadian Academy of Paedodontics" to read:

"The National Executive Council will choose one of its members to be Chairman on an annual basis. The Chapter or the Canadian Academy of Paedodontics from whose delegation the Chairman is chosen, will appoint another delegate to the National Executive Council to represent it for the term of the Chairman."

ADOPTED

The report of the National Executive Council of the Section of Dentistry for Children is primarily informative in character. The Section and the members of the Council are to be congratulated for the broad scope of programs and interests which are being pursued with obvious enthusiasm and effectiveness.

Moved by Brouillet, seconded by Spence:

That the report of the National Executive Council of the Dentistry for Children Section be adopted as amended.

ADOPTED

MEMBERS: J. McCutcheon, Chairman, Montreal; S. W. Leung, Vancouver; R. V. Blackmore, Edmonton; R. B. de Ware, Moncton; W. J. Dunn; London; W. C. Deacon, Ottawa.

REPORT

(comments and action in **bold face type**)

1. The annual meeting of the Council on Education was held at the Canadian Dental Association headquarters on March 8-9, 1967 with all members present. Dean R. G. Ellis, Dean J. D. McLean, Dean J. P. Lussier, Dean J. W. Neilson and Dean A. C. Lewis, Consultant to Council, were present. Mr. R. H. Sullens, Assistant Secretary for Educational Affairs, and Dr. T. Ginley, Director of the Division of Educational Measurements and Assistant Secretary of the Council on Dental Education, of the American Dental Association were present by invitation. The senior members of the Canadian Dental Association executive staff attended all sessions.

National Dental Examining Board

2. Dean J. D. McLean and Dean S. W. Leung presented an extensive report on the actions of the National Dental Examining Board of Canada in so far as these related to the interests of the Council.

3. Council requested its representatives to the NDEB to explore the possibility of arranging the dates of the regular examinations to coincide with the latter part of the academic year in Canadian schools.

4. Council gave lengthy consideration to the recommendations contained in the report of Dr. Malcolm Taylor, Commissioner on Examinations to the NDEB, and authorized its representatives to convey to the Board Council's reactions and suggestions in respect of these recommendations.

5. Dean J. D. McLean was appointed as a representative of the Council to the NDEB for a further term of three years.

Dental Internships

6. Council considered the report of its sub-committee on Internships and recommends to the Governors the approval of the following internship programs:

Junior Internship in Prosthodontics at the Montreal General Hospital;
Junior Rotating Internship at the New Mount Sinai Hospital in Toronto;
Junior Rotating Internship at St. Mary's Memorial Hospital in Montreal,
as from the date of CDA approval of the dental service in that hospital.

ADOPTED

The Association of Canadian Faculties of Dentistry

7. Dean Neilson presented a progress report on the proposed establishment of an Association of Canadian Faculties of Dentistry. That report is attached as Appendix A. Council noted with pleasure the considerable progress which has been made during the past year toward the creation of this association and expressed to Dean Neilson its appreciation for his excellent report. Council hopes that direct lines of liaison may be established between the association and itself as soon as possible following the coming into being of the ACFD.

EDUCATION

War Memorial Awards

8. Dr. Blackmore presented the report of the sub-committee on War Memorial Awards. The sub-committee has been active during the past year in establishing terms of reference and operational procedures for the War Memorial Award Contest. Council selected the title "Endocrines: Their Relationship to Dental Development and Their Effect on the Teeth and Supporting Structures ("Des Endocrines: Leurs Rôles dans le Développement Dentaire et Leurs Actions sur les Dents et les Tissus de Maintien") for the 1968-69 essay contest. Dr. Blackmore was reappointed chairman of the Committee for a further term of one year.

9. On the recommendation of the sub-committee, Council selected the essays submitted by the following students as the winners of the 1966-67 contest:

1st — Marcel Beaulieu, Université de Montréal

2nd — Mrs. Judith A. Pick, University of Toronto

Auxiliary Personnel — Pilot Studies

10. Council noted the action of the Governors (*Transactions* 1966:13) with respect to the conducting by Canadian dental schools, with separate financial support, of pilot studies on the duties of auxiliary personnel. The matter is being referred to the attention of the schools.

Dental Assistants

11. The Auxiliary Services Committee forwarded a proposal for a National Certification Board for Dental Assistants. In receiving the proposal, the Council expressed its agreement with the principle of a national certification program. The Council further suggested that the CDA actively co-operate on an interim basis in the development of the program in a manner generally consistent with the procedures outlined in the proposal.

12. Council received the report presented by Dr. Marjorie Jackson on the minimum training requirements for the dental assistant. Dr. Jackson had completed an extensive investigation into this matter following the action of Governors (*Transactions* 1966:12) whereby local and provincial dental associations are urged to establish formal training programs when approved by the Council on Education. Council empowered the chairman to appoint a committee for detailed study of the report on courses for training dental assistants in Canada and to bring the recommendations of this committee to Council at their next meeting.

Dental Hygiene

13. At the meeting of the Board of Governors in 1966 (*Transactions* 1966:11, 22) it was recommended that the Council on Education investigate whether degree courses in dental hygiene should be conducted. Following consideration, the Council directed the chairman to include in the terms of reference of the sub-committee to be appointed to deal with the guidelines in respect of dental hygiene training a study of the possible effects and applicability of degree programs in dental hygiene.

The following resolution is presented in support of the Council's expressed wishes:

Whereas the location and general arrangements for the education of health disciplines is now receiving attention from sources outside the disciplines themselves, and

Whereas college level training is being studied in respect of possible utilization for several vocations allied to the primary health professions including dentistry, therefore be it

Resolved that the terms of reference for the sub-committee to be appointed to deal with guidelines in respect of dental hygiene training include a study of the possible effects and applicability of degree programs in dental hygiene and include, in addition, a study of the possible effects and applicability of diploma courses in dental hygiene in post-secondary institutions other than universities.

ADOPTED

Aptitude Test Program

14. Dean W. J. Dunn presented the report (Appendix B) for the Dental Aptitude Test Committee. The implementation of a Canadian Dental Association Aptitude Test Program is perhaps the most significant feature of the work of Council during the past year. The apparent ease with which this program has been initiated is strong testimony to the selfless devotion and energy of Dean Dunn and his committee, to Miss Kirker, administrator of the plan, and to the American Dental Association for their fundamental contribution and generous co-operation. The appendix is worthy of careful study. In receiving the report with commendations to those involved, the Council noted that it is the primary responsibility of the Aptitude Test Committee to carry forward continuing validation studies. It was therefore resolved that the Council respectfully request each Canadian dental school to co-operate with the Dental Aptitude Test Committee to the end that the Committee may develop effective procedures to engage in these studies.

The successful introduction of the Dental Aptitude Test Program is a noteworthy example of the Council's contribution to dentistry. As further comment on this topic, the following resolution is proposed:

Whereas the Dental Aptitude Test Program of the CDA has been launched efficiently and effectively, and

Whereas the work and services of the dental aptitude test administrator have been of the highest calibre and have been the essential factor which has made possible such an effective program even in its first year of operation, therefore be it

Resolved that the thanks and appreciation of the Canadian Dental Association be extended to Miss K. M. Kirker, dental aptitude test administrator, for the exemplary services she has rendered to the Association's Dental Aptitude Test Program.

ADOPTED

Examination of Foreign Dentists

15. In receiving a report of its sub-committee on the "World-Wide Survey of Dental Schools" from Dean Lussier, chairman, Council referred, as an additional term of reference of that sub-committee, the request of Governors that the Council study the feasibility of establishing a facility of examining the graduates of unapproved foreign dental schools rather than the institutions themselves for the purpose of ascertaining the academic level to which an applicant to a Canadian dental school might aspire.

EDUCATION

Recognition of Specialists Training Programs

16. Following discussion initiated by the representatives of the American Dental Association present, Council agreed to establish a committee empowered to study and make recommendations concerning methods whereby the accreditation of programs of advanced study in clinical dentistry might be undertaken.

Teaching Conference

17. The annual conference of teachers under the sponsorship of the Council was, this year, devoted to the subject of "The Faculty of Dentistry Library" under the capable direction and chairmanship of Dean A. C. Lewis. The report of the Conference which is appended (Appendix C) indicates in some degree the scope of the meeting's agenda and the thoughtful discussion which took place. The chairman of Council was directed to take the necessary steps to bring about conjoint action of dental faculties, dental faculty librarians and the dental profession to secure representation on the National Science Library's Library Resources Centre for the Health Sciences.

18. Council further agreed that the 1968 Teaching Conference be devoted to the topic "Community and Social Dentistry". It was further agreed that this Conference would probably benefit from participation in its program by an external expert and that the necessary steps be taken to obtain funds to support the attendance of that expert at the Conference.

Survey of Schools

19. In the subject year, the sub-committee on Survey of Schools initiated the program in which each Canadian dental school will be visited and surveyed. Under the chairmanship of Dean Lussier, the committee has implemented a number of modifications intended to improve both survey "forms" and procedures. The school at the University of Montreal has been surveyed. The school at McGill University will be surveyed in the fall. An interim verbal report on the University of Montreal visit was received at the Council's meeting, with appreciation to Dean Lewis who headed the team. Formal reports and recommendations concerning the approval of these schools will be received at the next meeting of the Council.

The following resolution is proposed:

Whereas there could be an extended time lapse between the date of a survey, the report to the Council on Education and the approval for the accreditation of a faculty by the CDA Board of Governors, and

Whereas this time lapse could be detrimental to the interests of both the graduating student and the faculty, therefore be it

Resolved that in the matter of accreditation and re-accreditation of dental schools the Executive Council, when necessary, be empowered to act on the reports of the survey teams to the Council on Education, subject to ratification by the Board of Governors at the next meeting of the Board.

ADOPTED

National Recruitment Committee

20. Council devoted a considerable period of time to a discussion of this most important aspect of its concerns. The effectiveness of the National Recruitment Committee will be seriously hampered until a headquarters staff appointment can be made to provide the continuing support which this Committee's programs

require. The Council, therefore, respectfully requests that the Executive Council investigate the possibility of providing this increased staff support for the National Recruitment Committee in order that its effectiveness may be assured.

The following resolution is proposed:

Whereas the work of the National Recruitment Committee is of the utmost importance to the dental schools and the profession generally, and

Whereas the work of the National Recruitment Committee would be greatly facilitated by the presence of a half-time appointment to the headquarters staff whose prime responsibility shall be to act as internal director of National Recruitment Committee-initiated programs, therefore be it

Resolved that the Executive Council be urged to give its consideration to the early appointment of such a person.

ADOPTED

Applications, Applicants and the Dental Students' Register

21. After receiving excellent reports from Mrs. Brown of the Bureau of Economic Research, the Council assigned the responsibility for advising the Bureau with regard to the preparation of the *Dental Students' Register* and *Applicants and Applications to Canadian Dental Schools* each year to the Dental Aptitude Test Committee. It is felt that this action will greatly facilitate the work of the Bureau.

Policy re Graduate Programs

22. Following discussion, Council adopted the following resolution:

Whereas graduate and post-graduate programs exist to provide advanced education in dentistry, and

Whereas post-graduate diploma courses are the more commonly used whereby dentists acquire the academic qualifications for specialty certification, and

Whereas graduate education is generally recognized as the pursuit of an academic program which leads to a graduate degree, and

Whereas in some institutions education in clinical disciplines leading to qualification for specialty certification is designated as graduate programs, therefore be it

Resolved that the Council on Education, fully appreciating the autonomy of the individual universities, recommends that the advanced programs whose major component is clinical, leading to qualification for specialty certification, be considered post-graduate in nature and that the designation "graduate programs" be reserved for those programs whose major emphasis is research and teacher training and which lead to a graduate degree.

ADOPTED

Recognition

23. The Council expresses its appreciation to all those who contributed so greatly to its programs during the past year. In particular does it recognize the efforts of Dr. G. T. Mitton as Chairman of the National Recruitment Committee, Dean J. D. McLean who advised Council of the outstanding record being achieved by the Canadian Fund for Dental Education, Dr. Frank Compton who as Editor of the *Journal* has given his fullest co-operation to the efforts of

EDUCATION

Council during the past year, Dr. C. H. M. Williams for his progress report on the work of the National Cancer Institute of Canada, Dr. W. G. McIntosh who provided continuing and able assistance throughout the year and who has agreed to initiate investigations into the possible creation of CDA student memberships; and Mr. Ken Croft who acts as Secretary of Council for his unflagging interest and support.

The report of the Council on Education shows that much has been accomplished and much initiated during the past year. A word of appreciation is due to the chairman for his leadership and to the members of the Council for their accomplishments.

Moved by Brouillet, seconded by Purves:

That the report of the Council on Education be adopted, as amended.

ADOPTED

Appendix A

PROGRESS REPORT ON THE ESTABLISHMENT OF AN ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

The idea of an early establishment of an Association of Canadian Faculties of Dentistry (ACFD) was first discussed in some detail by the deans of the Canadian faculties of dentistry during the July 1965 meeting of the American Association of Dental Schools (AADS) in Toronto. This decision was continued at a second session scheduled at the meeting of the Canadian and American deans in November of the same year, at which time Dean Dunn agreed to draft a tentative Constitution for the proposed association. The first version of this Constitution was reviewed and amended at a third meeting of the Canadian deans which was held in Toronto in January 1966, just prior to the Council on Education meeting. Coincidentally, a joint meeting was held with Doctors McCreary and MacLeod, the president and executive secretary (respectively) of the Association of Canadian Medical Colleges (ACMC), immediately following which a temporary organization, the Canadian Association of Dental Deans (CADD), was formed. Its principal aim was to aid the development of an Association of Canadian Faculties of Dentistry at a time and under circumstances which would be propitious. Mention should be made at this point of a much appreciated grant of \$1,000 to the Canadian Association of Dental Deans by the Canadian Fund for Dental Education, and this grant has been used in part during the past 12 months to investigate further into the establishment of the proposed association.

Throughout the spring of 1966, each dean discussed the feasibility of establishing such an association with the president of his university. Presidential reaction was generally favourable although there were one or two reservations expressed particularly upon the continuing financial solvency of the organization if it were to operate with a full time secretariat as does the ACMC.

In May, 1966, Deans Lussier and Neilson met with Dr. Geoffrey Andrew, the executive director of the Association of Universities and Colleges of Canada (AUCC) and with Dr. Macleod in Ottawa. At that meeting the relations of the proposed association with the AUCC and with the ACMC were explored on a most informal basis.

In October 1966 at Clear Lake, Manitoba, the Canadian deans held another meeting in conjunction with the Third Conference on Dental Research, and at that time, a progress report on the formation of the association was presented to those academic staff members present from the various faculties of dentistry across Canada. Following this general discussion, the deans agreed that each should return to his own faculty and in effect seek approval in principle for the establishment of the association. It is understood that such approval has been secured in all faculties. The deans also agreed that no further talks should be held with the AUCC until at least the association was officially organized.

Last November, during the 1966 annual session of Canadian and American deans, the former met with three executive members of the AADS at which time the possibility of Canadian faculties seeking altered status (i.e. affiliate membership) in the AADS was discussed. Subsequently, and as a result of these discussions, Dean Neilson wrote an official letter of enquiry on the matter to the president of the AADS, Dr. Ralph Ireland, and following an AADS executive meeting in February 1967, a reply was received in which Dean Ireland stated that the executive had agreed that the Canadian faculties of dentistry could select either full or affiliate membership within the American Association.

At the aforementioned November 1966 meeting, it was also agreed that each Canadian faculty of dentistry should elect one representative (in addition to the dean) to attend an organizational meeting of the Canadian Association of Faculties of Dentistry, scheduled for March 21, 1967, in Washington, D.C., coincidental with the annual meeting of the American Association of Dental Schools. The principal item on the agenda of this inaugural meeting is a discussion and hopefully the adoption of a Constitution.

It should be added that during the several months under review, informal and largely personal discussions have also been held with officers of the Canadian Dental Association, during which it has been pointed out repeatedly by all parties that an organization such as the proposed ACFD could only perform its duties satisfactorily if it worked in conjunction and in harmony with the Canadian Dental Association and with its Council on Education, and not in opposition to them.

In summary then, it may be said that the past twelve months have obviously been ones of exploration and discussion, which in turn have produced considerable progress toward the establishment of a Canadian Association of Faculties of Dentistry. However, as of this date (March 8, 1967) its official formation has not yet been achieved, although this may well become a reality within the next two weeks.

J. W. Neilson, President (pro tem)
Canadian Association of Dental Deans

Appendix B

DENTAL APTITUDE TEST COMMITTEE

Members: Wesley J. Dunn, Chairman; R. M. Grainger; J. A. Greenfield.

REPORT

1. As a consequence of the presentation of the report of the Council on Education to the 1965 meeting of the Board of Governors, the following

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resolution was adopted by the Board:

“Whereas it has been adequately demonstrated that an aptitude testing program in respect of prospective dental students has great merit, therefore be it

Resolved that the Council on Education be requested to institute, at the earliest convenient time, an aptitude testing program based on the recommendations of Appendix B to the (1965) report of the Council on Education.”

2. During the 1966 meeting of the Council on Education, recommendations, based on studies primarily undertaken by Dr. R. M. Grainger in consultation with directly concerned people and institutions in both the CDA and ADA, were brought to the Council detailing the procedures and requirements for initiating the program. In adopting this report, with minor amendments, Council directed its chairman to appoint a Dental Aptitude Test Committee charged with the responsibility of implementing the test program under Council's direction. The Committee was subsequently appointed, a supplementary budget application was submitted to the Executive Council for funds to support the essential first steps to bring the program, expected to be self-supporting, into operation, and significant progress had been made by the June, 1966 Annual Meeting of the Board of Governors.
3. Miss K. M. Kirker was engaged as the administrator of the dental aptitude test program and her competence, interest, dedication, and enthusiasm have, unquestionably, been the significant factor in the demonstrable success of this first year's operation.
4. The Dental Aptitude Test Committee has met on two occasions——July 6 and December 8, 1966.

Terms of Reference

5. The following terms of reference for the Dental Aptitude Test Committee were approved:
 - responsibility, through the Council on Education, for administration of the dental aptitude test program;
 - advice on location of test centres;
 - approval of literature and form letters to be used in connection with the dental aptitude test program;
 - determination of the distribution of test results;
 - responsibility for continuing validation studies;
 - responsibility for developmental and other research relevant to the program;
 - presentation of an annual report to the Council on Education.

CDA and ADA Responsibilities

6. The Committee agreed that, contingent upon the approval of the American Dental Association, the responsibilities of the CDA and the ADA would be as follows:
 - a) Responsibilities of the Canadian Dental Association:
 - develop and assume the cost of printing and distribution of the dental aptitude test program brochure and application form;

establish appropriate test centres for the administration of the examinations;
receive completed applications and test fees from applicants;
assign applicants to test centres by completing and mailing assignment certificates to applicants;
answer enquiries about the program which are directed to the Canadian Dental Association office;
receive bulk test materials and supplies from the American Dental Association for re-distribution to Canadian test centres, reimbursing the ADA for costs involved;
forward coded applications with completed answer sheets to the American Dental Association as soon as they are received after the examination date;
pay the American Dental Association for contracted expenses incurred in processing test reports;
receive bulk test reports for on-forwarding to dental schools indicated by students;
after examination administration, process additional test reports as requested by applicants;
maintain records on Canadian applicants and tested students enrolled in Canadian dental schools;
from Canadian dental schools, collect student achievement grades for use in validation studies;
assist and advise individual Canadian dental schools with regard to dental aptitude testing.

b) Responsibilities of the American Dental Association:

assume the cost of test construction and related research;
ship necessary test materials and instructions to the Canadian Dental Association for re-distribution to Canadian test centres;
receive, score and process the tests for applicants assigned to Canadian centres;
report Canadian test results to the Canadian Dental Association for transmittal to Canadian and United States dental schools;
maintain records on applicants tested, for whatever purposes are deemed appropriate to the American Dental Association;
report to the Canadian Dental Association the results of ADA validity studies and comparative reports on the test averages for Canadian and United States dental schools.

Responsibilities of Test Centres

7. The Committee agreed that the following should be the responsibilities of the Canadian test centres:

receive the test materials from the Canadian Dental Association;
arrange for the room or rooms for test administration;
arrange for a test administrator and, if necessary, proctors;
store and maintain the security of test materials during the examination period;
return test papers, answer sheets and materials to the Canadian Dental Association immediately following the test period.

Responsibility of the Canadian Dental Schools

8. The Committee expressed the hope that it could enjoy and benefit from the co-operation of the Canadian dental schools to supply the Association with student achievement grades (theory and practical) for use in test validation.

Test Papers

9. The Committee reviewed the test papers and these were approved in principle.

Test Supplies

10. The Committee directed that, at least for the January 1967 Canadian test session, the necessary test supplies be purchased from the American Dental Association.

Test Centres

11. At its meeting in July 1966, the Committee approved a list of 28 Canadian test centres and authorized the administrator to establish additional test centres, if required, and authorized the administrator, in consultation with the chairman, to cancel test centres if a lack of candidates called for such action.

Dates of First CDA Aptitude Tests

12. The Committee established, consistent with the arrangements made with the ADA, January 6 or 7, 1967, as the dates of the first CDA aptitude tests.

Fees for Test Administrators and Proctors

13. The following fee structure for test administrators and proctors was approved by the Committee:

Test Administrators:

No. of Candidates	Amount Payable
5 - 19	\$25.00
20 - 34	\$30.00
35 - 49	\$35.00
50 or more	\$40.00

Proctors:

No. of Candidates	No. of Proctors	Amount Payable to each Proctor
1 - 25	—	\$15.00
26 - 50	1	\$15.00
51 - 75	2	\$15.00
76 - 100	3	\$15.00
101 - 125	4	\$15.00
126 - 150	5	\$15.00
etc.		

Program Publicity

14. The information brochure was distributed very widely. In all, 6,500 copies were sent to every Canadian university and college with pure science

courses, 55 high schools in Ontario (at their request), provincial government guidance counsellors, selected libraries and to every Canadian university undergraduate newspaper. Posters were extensively employed in almost all the universities, and most of the dental schools arranged for appropriate advertisements in their university students' newspaper.

Number of Applicants Tested

15. The following presents a summary of

- a) the number of test centres utilized in the January, 1967 session;
- b) the number of applicants tested at each centre; and
- c) the number of applicants who did not present themselves on the date of the tests.

<i>Test Centre:</i>	<i>Number of Applicants Tested</i>	<i>Number of "No Shows"</i>
Memorial (St. John's)	6	—
St. Francis Xavier (Antigonish)	1	1
Dalhousie (Halifax)	18	1
Acadia (Wolfville)	4	—
Mt. Allison (Sackville)	9	1
U.N.B. (Fredericton)	5	—
Laval (Quebec City)	3	—
Bishop's (Lennoxville)	4	—
McGill (Montreal)	71	2
U. de Montréal (Montreal)	7	2
Carleton (Ottawa)	18	—
Queen's (Kingston)	5	—
Trent (Peterborough)	5	—
U. of Toronto (Toronto)	238	7
Waterloo (Waterloo)	41	2
Western (London)	61	1
Windsor (Windsor)	17	—
Laurentian (Sudbury)	7	—
Lakehead (Port Arthur)	9	2
U. of Manitoba (Winnipeg)	24	1
Brandon (Brandon)	6	—
U. of Saskatchewan (Regina)	4	—
U. of Saskatchewan (Saskatoon)	9	—
U. of Alberta (Edmonton)	40	4
U. of Calgary (Calgary)	7	—
U.B.C. (Vancouver)	26	1
Victoria (Victoria)	4	—
	649	25

Of the 649 applicants who took the full battery of tests, 24 were female and 23 were non-residents studying in Canada.

Relation to Dental School Applications

16. It may be of interest to compare the numbers participating in the first test session with information bearing on dental school applications:

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Total dental school applicants, Sept/66	1,157
Total dental aptitude test enrolment, Jan/67	649
% tested applicants:	56.1%
Total dental school applicants (Canadian residents)	
Sept/66	885
Total Canadian tested students, Jan/67	626
% tested Canadian applicants	70.7%

Relationship of DAT Program to Canadian Dental Schools

17. The following summary provides information in respect of
- a) whether or not the presentation of the results of an aptitude test program is requisite for admission:
 - b) the deans' estimates of 1967 applications, and
 - c) the maximum number of dental school applications from tested applicants at January 7, 1967, based on the number of test reports requested by participants.

<i>Dental School:</i>	Will the CDA test be compulsory in:			Deans' Estimate of 1967 Applications	Maximum No. Dental School Applications from Tested Applicants at Jan. 7/67*
	1967	1968	1969		
Alberta	Yes			100	210
Dalhousie		Yes		118	166
Manitoba	No	No		225	244
	(recommended but not required)				
Montreal	Yes (partial battery)			170	47
McGill	No	Yes (possible)	Yes (probable)	290	366
Saskatchewan		Yes (if open)	Yes	—	3
Toronto	Yes (if Senate approval obtained)	Yes		500	497
U.B.C.	Yes			100	227
U.W.O.	Yes			90	487
*based on number of test reports requested by participants				1593	2247

Special Test Session

18. The Committee, at its meeting in July 1966, agreed in principle that:
- provision should be made for a special test session, probably in April 1967, for candidates who petition successfully;
 - the budget should include an estimate based on one test centre per province;
 - candidates other than those who had applied for the January tests may be admitted to the special session in April;
 - no fine or payment in addition to the test fee should be levied;
 - the administrator should develop a form of petition for use by candidates for a special test session.

At its December 1966 meeting, the Committee officially set the dates of the special dental aptitude test session as April 14 or 15, 1967. These are the same as the dates established for the ADA test session. The Committee agreed that the special test session in April 1967 should be conducted only at universities with dental schools but that the chairman and the administrator were authorized to add test centres according to need. The Committee, at its December meeting, also agreed that for the special test session open registration be permitted, that no announcement be made prior to the January 1967 test period, and that the April test papers be approved.

Re-examination

19. The Committee directed that applicants be permitted to complete the aptitude tests only once in an academic year.

Test Fee and Refunds

20. The Committee established the test fee at \$15.00 and directed that no refund of the test fee be permitted.

Representative to the ADA Committee

21. The Committee appointed Miss K. M. Kirker, the administrator of the program, as the representative of the Canadian Dental Association to the Committee on Educational Research, Testing and Surveys of the American Dental Association's Council on Dental Education.

Appointment to Chalk Grading Committee

22. The Committee was requested by the Director of Educational Measurements of the ADA to appoint a member to the 1967 Chalk Grading Committee of the American Dental Association. Dr. Robert Echlin of Toronto was asked to serve.

Special Arrangements for French-Language Tests

23. The Committee approved special arrangements for French-language tests for potential applicants to the Université de Montréal. Only two of the five-test battery currently being used in the CDA's dental aptitude test program were considered to be translatable: Space Relations Test and Carving Dexterity Test (i.e. written instructions pertaining to each test). The two tests will be administered on Saturday, April 15, 1967 at the Faculty of Dental Surgery, Université de Montréal, and at Université Laval in Québec City.

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The Faculty of Dental Surgery, Université de Montréal, has arranged for the translation of a limited version of the dental aptitude test program brochure, of the modified application form, of the special poster for the session for French-speaking students, and of the pro forma correspondence which will be forwarded to test applicants. The reproduction of translated material has been done in the CDA's Toronto office. A testing fee of \$10.00 has been set.

The presentation of aptitude test results will be a mandatory condition of admission to the Faculty of Dental Surgery, Université de Montréal, for 1967 first-year students. The Faculty estimates the number of candidates at 120.

French-language test results will be reported to the Faculty of Dental Surgery, Université de Montréal, only. Participants in the program for French-speaking candidates are required to sign a certificate that they understand the examinations pertain to admission to the Université de Montréal only. A bilingual student who later decides to apply to an English-speaking dental school will be required to take the full battery of examinations in the English program. It was understood that this limited version of the basic dental aptitude test program was being administered to French-speaking students only until such time as the full five-test battery could be made available in the French language.

Future Test Dates

24. The Committee agreed that the following dates be approved and that the list be supplied to the deans of dental schools:

January 5 or 6, 1968

April 26 or 27, 1968

January 10 or 11, 1969

April 25 or 26, 1969

January 9 or 10, 1970

April 24 or 25, 1970

January 8 or 9, 1971

April 2 or 3, 1971

Release of Applicant Scores

25. In October 1965, a resolution of the American Association of Dental Schools urged the ADA's Council on Dental Education to authorize the release of dental aptitude test results to each examinee in an appropriate and meaningful manner. It is their belief, as it is that of the CDA Aptitude Test Committee, that an individual who pays for and submits to an aptitude test should be extended the privilege of being informed regarding the results.

The ADA's Council on Dental Education subsequently decided to release aptitude test scores to applicants, commencing with the April 1967 test period. Although the exact method had not been finalized, it was expected that applicants would be given a card showing coded scores, with printed explanation on the reverse. The card would bear a notation similar to: "This test report will not be accepted by a dental school for admission. You must have an official dental aptitude test report forwarded by the Division on Educational Measurements of the Council on Education to the school(s) of your choice." Release of the scores to applicants would not be retroactive. The CDA's Committee approved the release of applicant scores at its December meeting but subsequent information received from the ADA Division of Educational Measurements revealed that this action would not

technically be possible in respect of the January results. It is the view of the Committee that the deans should not hesitate to discuss the results of the test with any candidate who presents himself for a pre-admission interview.

Financial Statement

26. The following is the *estimated* unaudited cost of operating the *first* dental aptitude test session on January 6-7, 1967. In view of the fact that several of the items of expenditure are of a non-recurring nature and that the estimated deficit is fairly modest, the financial results of the first session provide ample reason for optimism in respect of the eventual requirement placed on the program to become self-supporting.

JAN. 1967 TEST SESSION: DENTAL APTITUDE TEST PROGRAM
REVENUE

649 students at \$15.00	\$9,735.	
1 cancellation	15.	
98 extra reports	98.	
25 "no-shows" + extra reports	379.	\$10,227.

EXPENDITURE

<i>Office Equipment and Supplies</i>		\$1,095.
Desk	260.*	
Chair	65.*	
Typewriter	600.*	
Miscellaneous	170.	
<i>Salaries and Expenses</i>		3,992.
*(\$312 non recurring)		
<i>Promotion</i>		1,800.
Postage (publicity and office exp.)	200.	
Printing (estimated)	1,600.	
<i>Shipping</i> (estimated)		250.
<i>Test Administrators' Honoraria</i>		960.
<i>ADA Charges</i> (amortized)		2,460.
Test papers (649 x 80c)	520.	
Chalk (1365 x 3-1/3c)	45.	
Rulers (649 x 6c)	40.*	
Knives (649 x 60c)	390.*	
IBM cards	100.	
Test royalties (649 x 15c)	100.	
Test scoring (649 x \$1.21 approx.)	885.	
Chalk grading (estimated)	180.	
U.S. premium @ 8½%	200.	
<i>Customs Duty and Brokerage Charges</i> (amortized)		160.
<i>Miscellaneous Expense</i>		50.
Napkins, elastics & cleaning knives	25.	
Bank charges (less interest)	25.	
<i>Total Expenditure:</i>		\$10,767.
		<u>DEFICIT: \$ 540.</u>

*non-recurring

THE TEACHING CONFERENCE
on the
FACULTY OF DENTISTRY LIBRARY
1966-67

1. The teaching conference meeting of the librarians of the Dental Libraries of Canada was held on March 6 and 7, 1967 at 234 St. George Street.
2. The participants in the conference were:

University of Alberta	— Dr. W. J. Simpson
	Miss P. J. Russell
University of British Columbia	— Mr. D. McInnes
	Mr. G. D. Palsson
Dalhousie University	— Miss Doreen Fraser
	Dr. D. C. Contreras
University of Manitoba	— Mrs. Doris Pritchard
McGill University	— Miss J. Wagnanski
University of Montreal	— Miss Margaret Pertwee
University of Toronto	— Dr. J. G. Dale
	Miss Phyllis M. Smith
University of Western Ontario	— Miss M. A. Scheult
CDA Library	— Miss Colette Gagnon
3. This was the first time that a conference on the Dental Library in Canada has been held, and the librarians seized the opportunity to make utmost use of the challenge that confronted them.
4. After several months of organizing and collecting the necessary information to make the study, the total information received from the librarians was reorganized into the following topics:

Library Organization
Books and Journals
Library Staff
Reading and study areas, and floor space
The Budget
Library Services
Cataloguing
Other Information
The CDA Library
University of Michigan Library
"A National Library Resources Centre for the Health Sciences in Canada".
5. The reorganized analysis of the libraries was then returned to the participants and each was asked to prepare a paper on one of these topics and bring it to the meeting in Toronto on March 6 and 7. These papers are filed in the dental headquarters. An excellent two-day discussion on these topics brought forward several resolutions for improving library services. These follow:
 - a) Recommended that librarians who are responsible for providing service to dental, medical and other health science faculties be given

academic appointments which will enable them to participate in faculty activities.

- b) Recommended that a minimum of three professional librarians and three non-professional assistants be provided to offer reference services for a minimum of twelve hours daily to faculties of dentistry. Where acquisitions and cataloguing are carried out in the dental library, additional staff must be provided.
- c) Resolved that university librarians request that dental material be processed immediately, due to the urgency of the material. A dental book is of no interest if it is not immediately received in the dental library. If this cannot be done, it is recommended that processing of dental books be decentralized from the central library.
- d) Recommended that a library orientation program be established in the first year of the curriculum, and be reinforced each year throughout the course. It is also recommended that the teaching staff participate in this program in co-operation with the library staff.
- e) Recommended that the dental faculties, dental faculty librarians and the dental profession participate in future deliberations concerning the National Science Library's Library Resources Centre for the Health Sciences and later take the necessary steps to be represented on the Centre's committee.
- f) Recommended that a copy of this resolution be forwarded to Dr. Wendell MacLeod, executive secretary of the Association of Canadian Medical Colleges.
- g) Recommended that a dental school library committee be established consisting of librarians and dental faculty members, to be part of the Association of Canadian Faculties of Dentistry.

A. C. Lewis
Chairman

EXECUTIVE: *C. D. Torneck, Toronto, President; C. Ames, Vancouver, President-Elect; A. H. Thomson, Toronto, Secretary-Treasurer.*

REPORT

(comments and action in **bold face type**)

1. The last meeting of the Academy was held in **Halifax** on June 11, 1966. The meeting was attended by 16 active members and 5 associate members. Considering the fact that at the time the active membership consisted of only 22 members, it should be noted that this, our first meeting as a Section of the Canadian Dental Association, represented a commendable beginning.
2. The following papers were presented at the scientific session of this meeting:
 - i) Dr. R. L. de C. H. Saunders — Microangiographic studies of the periodontal and pulp vessels in the monkey and human
 - ii) Dr. F. Vosburg — Understanding patient behavior
 - iii) Dr. M. Archambault — Endodontic emergencies and selection of cases
 - iv) Dr. B. Sedlesky — Instrumentation and root canal filling
 - v) Dr. W. B. Donahue — Routine techniques used in surgical endodontics
3. The following is a résumé of the transactions of the business session held by the Academy at its annual meeting June 11, 1966:
 - a) a resolution for the subsidization of dues of all Academy members holding membership in a recognized regional or local study club was passed; the purpose of such action was to encourage and indirectly sponsor the formation of new and expansion of existing local endodontic groups;
 - b) the fiscal year-end of the Academy was changed from July 1 to April 30;
 - c) a nominating committee to consist of 3 past presidents of the Academy each serving a term of three years was added to the list of standing committees.
4. Since the meeting held in **Halifax**, the Academy has undertaken the following:
 - a) appointed a committee under the chairmanship of Dr. J. Merrell of Vancouver for the purpose of attempting to organize and integrate all of the Endodontic study clubs in Canada with the CAE. It was the opinion of the general membership that such an association would be mutually beneficial;
 - b) appointed a committee under the chairmanship of Dr. I. Wolch of Winnipeg to investigate and report on the present status of undergraduate endodontic teaching in the dental schools of Canada. It is hoped through this study to establish minimum basic requirements for student training in Canada. To our knowledge this will represent the first attempt of this nature. If successful it is further hoped that it will establish a precedent which can be followed by the other Sections of the CDA;

- c) appointed a committee under the chairmanship of Dr. N. Vickers of Hamilton for the purpose of composing a pamphlet to be used as means of educating patients to Endodontics and endodontic services.
- 5. The next meeting of the Academy is scheduled for May 15 and 16, 1967, in association with the Centennial meeting of the CDA and ODA in Toronto.
- 6. The Canadian Academy of Endodontics would like to express officially its concern in regard to the action of some provinces which, in refusing to recognize Endodontics as a special area of dental practice and endodontists as specialists, have shown a flagrant disregard for precedents established by the national organization. Aside from the effect of such action on the stature of the Canadian Dental Association, we cannot help but feel that the disparities thus created both weaken and impede the development of Endodontics and this Academy nationally. Consequently, we would request that the Canadian Dental Association through its Executive Council express some official opinion regarding this matter and that formal notification be sent to the secretaries of the provincial boards concerned.
- 7. Furthermore, we would like it known that our decision to request such action does not come without sympathy for the fact that the Canadian Dental Association cannot directly control the actions of provincial licensing boards and that there has been some hesitancy in the past to interfere with such provincial decisions. However, considering the position into which the national organization and our Academy is placed as a result of such provincial action, we feel there cannot be, nor should there be, any other alternative.

Paragraphs 1-5 of the report are mainly informative in nature.

In paragraphs 6 and 7, the Canadian Academy of Endodontics seeks the support of the Canadian Dental Association in persuading all provincial licensing boards to recognize Endodontics as a special area of dental practice and endodontists as specialists. The Board is of the opinion that the CDA has never attempted to direct the actions of provincial licensing boards nor should it do so in the future. It is recommended that this policy be continued.

Moved by Edgecombe, seconded by Munsie:

That the report of the Canadian Academy of Endodontics be adopted with the exception of the course of action proposed in paragraphs 6 and 7.

ADOPTED

MEMBERS: *H. N. Beach, Chairman, Ottawa; R. J. McCarten, Winnipeg; E. F. Dexter, Halifax; L. I. Duffy, Charlottetown; J. M. Darcy, St. John's.*

REPORT

(comments and action in **bold face type**)

1. The Council on Ethics has had no representations made to it with regard to violations of the Code of Ethics during the last year.

Incorporation of Dental Practice

2. The Council on Ethics has been asked by both the Canadian Dental Association and the Royal College of Dental Surgeons of Ontario to reconsider Clause IV Section (g) of the Code of Ethics, which states "Incorporation of a dental practice is unethical". We believe the request was made in view of the present day tax considerations and the increased interest on the part of dentists in corporations which presently are taxed at lower rates than the individual.

3. At the present time, among professional groups, only the Engineers and Pharmacists appear to have been permitted to incorporate. In consideration of this matter, members of the Canadian Bar, Engineers and Pharmacists have been consulted. The views of the medical profession as conveyed in various reports and submissions, e.g. to the select committee on company law of the Ontario Legislature, have been considered. The recent report of the Carter Commission on Taxation is of course particularly relevant to the question.

4. It should be borne in mind that the primary purposes of incorporation are to limit the liability of those acting within the corporation to the assets of the corporation; to ensure continuity of identity despite changes in constitutional personnel.

5. Tax advantages available through corporate structure are incidental (but not unimportant) benefits to the main purpose of incorporation. It is a matter of arithmetic in each particular case whether tax benefits on incorporation offset the inevitable costs of and incidental to incorporation. These calculations must necessarily be based on assumptions as to the continuance of present tax provisions. Legislative changes at any time may distort the forecast picture.

6. There should be a distinction made here between incorporation of the dental practice itself (where gross receipts of the dental practice become part of the revenue of the corporation) and the formation of a limited company to supply services to a dentist or dentists, such as owning and renting equipment, billing and hiring auxiliaries. Corporations of this latter type have been found to be useful to dentists and are not unethical as long as voting shares are not held by persons other than dentists. Otherwise, persons other than dentists could be deemed to be practising dentistry.

7. If the recommendations of the Carter Commission that the personal income tax rate and the corporation tax rate were to be embodied in legislation, it would seem that on the surface the usefulness of incorporation of dental practice itself would be limited. However, if the recommendations of the Carter Commission with respect to the provision for rapid depreciation in new and small businesses — up to 100% — are implemented and apply to dentistry (no change in tax

treatment is recommended for unincorporated businesses) then there might be significant benefits in the formation of companies to supply management and other services particularly for groups of dentists.

8. There is another feature of corporations which might be useful in that profits accruing to the corporation may be deferred until such time as the dentist's income is less, and accordingly he would incur tax at a lower rate.

The following addition to paragraph 8 is recommended:

"This could be a great impetus for post-graduate education. It provides for the accumulation at a greater rate of capital, which can be used to provide enlarged facilities, e.g. facilities for the use of auxiliary personnel."

ADOPTED

9. It would seem that there must always be the likelihood of advantage of some sort occurring to the limited company. There must always be the possibility of reward for risk taking as provided by the device of a limited company. Such legal entities will be defined and regulated as to responsibilities and advantages by the general laws of the land. If dentists can use such a device as the limited company to their advantage in a calling in which there is little risk business-wise, it is not unethical to do so.

10. Furthermore, the formation of limited companies to offer services to practices may be deemed to be desirable particularly in group practices (the term is used here in a broad sense) where they might provide very valuable services to groups of dentists and might encourage the more efficient association in practice of groups of dentists not only for the benefits of the dentists but resulting in the rendering of a more comprehensive dental service to the patients attracted to that practice. The formation of group practice is considered a desirable trend as it would tend to get the dentist out of his traditional "lonely" type of existence and into the more stimulating, efficient, educative and productive association of the group.

11. The objections to incorporation of the practice itself have been mainly:

- (1) that it could interfere with the dentist-patient relationship;
- (2) that the control of the corporation might fall into non-dental hands;
and
- (3) that the liability of the dentist is limited.

12. The recommendations of a legislative committee in one of the provinces has indicated an answer to the third objection as follows: "The professional person, although practising his profession through the instrumentality of a corporation, should remain personally liable for his tortious acts jointly and severally with the company."

13. The reservation expressed in the second objection is easily overcome by a simple requirement that majority of shares be held by licensed dentists.

14. The reservation expressed in the first objection is an ethical consideration which depends on the ethical attitude of the practitioner. Already corporations such as hospitals employ licensed professional persons with no diminution in adherence to ethical principles.

15. It is therefore concluded that the objections to incorporation of professional practice are unfounded.

ETHICS

16. It is recommended that Clause IV(g) of the Code of Ethics be deleted.

ADOPTED

The report of the Council on Ethics is informative and represents considerable thought and background research in its preparation. Thanks are expressed to the Council for its diligence in the preparation of this report.

Moved by Siegel, seconded by Spence:

That the report of the Council on Ethics be adopted, as amended.

ADOPTED

MEMBERS: J. P. Coupland, Ottawa; P. S. Christie, Halifax; W. P. Munsie, Vancouver; H. Brouillet, Montreal; H. R. MacLean, Edmonton; O. J. Yule, Toronto; W. G. Bruce, Kincardine.

REPORT

(comments and action in **bold face type**)

1. Council held its regular meetings during the year, immediately following the Board meeting at Halifax, in February 1967 at headquarters, and just prior to this Board meeting.

Annual Meetings (see also 30)

2. 1966

Dr. W. B. Coleman and his 1966 Convention Committee were congratulated and thanked for their untiring effort in producing the highly successful Convention at Halifax. Dr. Coleman's final report has been sent to chairmen of future Conventions for their guidance. CDA has received a cheque of slightly over \$1200 as its share of the Convention surplus.

3. 1967

(a) Dr. R. G. Ellis personally reported to Council in February regarding the Centennial Convention which follows this Board meeting. The latest information is, of course, contained in a separate report to this meeting.

(b) The CDA presentation on the Convention program is one your Executive believes no one will want to miss. Dr. Harold Hillenbrand, the dynamic Secretary of the American Dental Association, will address the Convention at 2.30 p.m. on Tuesday, May 16. His subject, "Day of Change: Time of Vision", includes references to the Children's Dental Health Plan of the ADA.

(c) Council approved the agenda for this Board meeting, and appointed Reference Committees on the basis of a new *Manual for Board of Governors Meetings* which Council recommends for Board approval. (Appendix A).

**ADOPTED
as amended**

(d) At the request of the 1967 Convention chairman, because of the special nature of the three luncheon programs this year, Council agreed to an abbreviated form of annual association meeting during the luncheon on Monday, May 15. Dr. Harold Cline of Vancouver was appointed installing officer for this occasion.

ADOPTED

4. 1968

Revised dates, to permit family travel after school closing, were approved for the meeting at Vancouver. This will be the first annual meeting held on the new schedule approved in 1965 (*Transactions* 1965:74). The revised dates are Monday, Tuesday, Wednesday, June 24 - 25 - 26, for the Board of Governors meeting, and Thursday, Friday, Saturday, June 27 - 28 - 29, for the Convention hosted by the British Columbia Dental Association.

5. 1970

Council also approved revised dates for the 1970 annual meeting at Winni-

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peg. New dates are June 29 - 30 - July 1 for the Board meeting and July 2 - 3 - 4 for the Convention.

6. 1971

(a) Since the last Board meeting, at which Ontario was determined as the location for the 1971 annual meeting, and after the President and a staff member had visited Windsor to inspect the facilities and interview local dentists, Council adopted the following motion which is recommended for Board approval:

That the invitation of the Essex County Dental Association to hold the Canadian Dental Association Convention in 1971 in Windsor, Ontario, be accepted.

ADOPTED

(b) Council adopted the following motion also:

That the 1971 convention be known as the Canadian Dental Association Convention.

ADOPTED

As is understood by the Essex County Dental Association, this is to be purely a national convention, rather than a joint convention, with manpower for local arrangements to be supplied by that association. With Board approval, this would be the first in a series of independent CDA Conventions (see Conventions Sub-committee below).

Conventions Sub-committee

7. (a) Council's sub-committee requested guidance of a general policy nature with regard to planning for future conventions. Council considered a report outlining three possible attitudes CDA might take toward national conventions. The sub-committee's report appears as Appendix B. Council recommends approval of the first proposal, for independent CDA Conventions, and suggests that the Board adopt a resolution to this effect.

The following resolution is presented:

Whereas operating national dental conventions has become a major task requiring specialized assistance on a continuing basis, and

Whereas it is desirable that the national convention be built into a convention that is truly national in scope and size, therefore be it

Resolved that the Canadian Dental Association hold independent national conventions directed by a standing committee on annual meetings in co-operation with local host centres and becoming effective in 1971.

ADOPTED

The following resolution was presented from the floor:

Resolved that the Executive Council draft a new policy statement for the holding of national conventions.

DEFEATED

(b) The following motion concerning CDA Sections was adopted by Council:

That the Conventions sub-committee be authorized to convene a meeting during 1967 - 68 to which would be invited a representative of each Section at the Section's expense, as well as representatives of the Executive Council.

Section Recognition

8. Concerning recognition of the Canadian Society of Public Health Dentists as a Section (Appendix C), Council presents the following resolution:

Whereas the Canadian Society of Public Health Dentists has revised its constitution and by-laws as recommended by the Executive Council and the Council on Constitution and By-Laws, and

Whereas the Society has complied with appropriate items of Article XI of Canadian Dental Association by-laws, therefore be it

Resolved that the application of the Canadian Society of Public Health Dentists for Section status be approved and that the Society be recognized as a Section of the CDA.

ADOPTED

9. Council recommends adoption by the Board of the following resolution concerning recognition of additional Sections:

Whereas there is a possible relationship between recognition by the Canadian Dental Association of Sections and of special areas of dental practice, and

Whereas the Board of Governors in 1966 declared a moratorium on the recognition of additional specialties pending a review by the Specialists and Specialization Committee, therefore be it

Resolved that a moratorium be and is hereby declared on recognition of additional Sections of the Canadian Dental Association, and be it further

Resolved that the study being carried out by the Specialists and Specialization Committee be expanded to include study of the Association's by-laws concerning Sections.

ADOPTED

F.D.I.

10. A report of the 1966 delegates to the Fédération Dentaire Internationale meeting at Tel Aviv was received with appreciation (Appendix D). The President was authorized to name official delegates to the FDI congress at Paris in July 1967.

The following resolution is presented:

Whereas reports of the Canadian Dental Association representatives to the FDI indicate that this organization can perform a variety of worthwhile functions, and

Whereas at the present time only 128 Canadian dentists are supporting members, therefore be it

Resolved that the Executive Council take all possible action to bring the activities of the FDI to the attention of the CDA membership and also to assist the FDI to procure more Canadian supporting members.

ADOPTED

Recognition of Retiring Members

11. The question of formal recognition of the services of retiring members of the Board and of Councils and Committees was again studied, and Council agreed that such recognition is not necessary and that the privilege of serving Canadian dentistry should be sufficient honour.

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CDA Insurance Plans

12. Council received reports of two meetings held by its special Advisory Committee on Commercial Insurance Plans under the chairmanship of Dr. P. S. Christie. One of the meetings was held with the RCDS/ODA insurance committee.

13. On the subject of dentists' liability insurance, the committee adopted the following resolution:

Whereas some corporate members of the Canadian Dental Association do not have available any form of dentist liability insurance program in either a group form or a private ownership form, and

Whereas some individual members of these corporate members are unable to obtain policies with reasonable liability coverage, exclusion clauses, and so on, and

Whereas this Advisory Committee on Commercial Insurance Plans is of the opinion that a group plan for a dentist liability insurance program has many advantages such as:

(a) the policy cannot be cancelled or unrenewed for a member of the group without the consent of the group or the trustees or committee representing the group;

(b) there is a form of arbitration in which the group and individual dentist have a specific interest or control;

(c) the premium rate reflects the experience of the group;

(d) a policy can be specially prepared for the needs of the group members;

therefore be it

Resolved that all corporate members of the Canadian Dental Association be encouraged to consider seriously the desirability of developing or acquiring a group malpractice policy for their members.

ADOPTED

14. Council asked its committee to continue its study of a national dental legal protective association.

15. The committee reviewed all CDA-sponsored insurance and retirement plans in detail and reported its current satisfaction with their terms and conditions.

16. In carrying out instructions from the Board (*Transactions* 1966:81) the committee reviewed the existing Policy Statement on Commercial Insurance (*Transactions* 1964:84) and reaffirmed it. In addition, the committee is planning, in co-operation with the RCDS/ODA, a comparative survey of group insurance plans offered by each association. This study may lead to recommendations to alter the present policy statement.

17. In accordance with the resolution in paragraph 39 of page 77, 1966 *Transactions*, and under authority of the trust agreement with Professional and Industrial Pensions Limited, the committee, as insurance trustees, authorized an audit of PIPL by The Thorne Group, a management consultant firm. The Executive Council approved the report of that audit (Appendix E).

Auxiliary Services

18. In the CDA Statement on the Recommendations of the Royal Commission on Health Services (*Transactions* 1965:80) it was suggested that a joint com-

mittee be established, with government and dental profession representatives, to study all aspects of dental auxiliary services. A similar recommendation was later made to the Minister of National Health and Welfare by his National Advisory Committee on Dental and Oral Health. Correspondence from the Deputy Minister indicates that the recommendation is under active consideration, and Council anticipates further consultation to form a committee as suggested. Council has authorized the Secretary and President to negotiate on its behalf.

It was emphasized that those charged with the responsibility of negotiating on behalf of the dental profession remain cognizant of the desirability of having general dental practitioners comprise a majority of the dental representation to the committee.

Projection of Dental Services (see also 44 - 46)

19. This policy statement was originally adopted in 1960. Council has reviewed the statement annually and other groups have suggested changes in it. At its February meeting, Council appointed a sub-committee of Dr. Munsie and Dr. MacLean "to compile a policy statement on the projection of dental services following consultation with corporate members and related CDA Committees."

British Dental Association

20. In response to an invitation, Council appointed the Secretary, who will be overseas for the FDI meeting, to act as official delegate to the British Dental Association annual meeting in July, 1967.

Reserve Fund

21. Further to the Board's request (*Transactions* 1966:81) Council adopted the following motion concerning Appendix F:

That *CDA Reserve Fund — a statement of principles* be and is hereby adopted as the official guide to maintenance of the CDA reserve fund.

**ADOPTED
as amended**

Associate Membership

22. Council adopted the following resolution which is recommended for your approval:

Whereas the annual fee for associate membership in the Canadian Dental Association has remained \$8.00 for several years, and

Whereas the cost of providing services to associate members has increased (for example, *Journal* subscriptions increased recently from \$5.00 to \$7.00 per year), therefore be it

Resolved that the annual fee for associate membership in the Canadian Dental Association be \$10.00 beginning 1968.

ADOPTED

Bureau of Public Information

23. The report of this bureau stressed the difficulty of improving its effectiveness, as requested by the Board, while at the same time having its budget reduced significantly. The report also indicated that responsibility for publication of a monthly *Governors Letter* had been assured last fall by the *Journal* editor. It was reported too that Mr. L. H. Bowen, formerly executive secretary of the National Fluoridation Committee of the Health League of Canada, had recently joined

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the staff to continue his fluoridation information program and to assume other duties at headquarters.

Bureau of Economic Research

24. Mrs. Brown presented a comprehensive report of her bureau's functions. Increasing requests are being received for dental statistics which it is in the Association's interest to be able to supply. Co-operation with the Dominion Bureau of Statistics is particularly noteworthy. As Association membership increases and as numbers of requests for information about dentistry increase — and many require complex and time-consuming replies — it becomes more evident that this bureau is too much for one person, who has other duties as well, to handle.

Election of Executive Council and Officers

25. Appendix G contains a report received as information from Council's sub-committee which studied the matter.

Canadian Conference on Children

Canadian Council on Children and Youth

26. Council was pleased to receive a report from Dr. D. L. Rife, a representative to the 1965 conference. Because the organization has changed its name, Council adopted a motion appointing Dr. Rife as CDA representative to the Canadian Council on Children and Youth.

ADOPTED

Royal College of Dentists of Canada

27. Following the Board's direction (*Transactions* 1966:179) Council appointed Dr. O. J. Yule to seek means of establishing liaison between CDA and the College. No progress report is available yet.

The following items constitute the supplemental report of the Executive Council meeting held in Toronto on May 7 - 9, 1967

Library Bequest

28. The late Dr. Sydney W. Bradley of Ottawa, a Past President and longtime benefactor of the Canadian Dental Association, willed that after his death the sum of \$50,000 should be transferred from his estate to a trust fund established to help maintain the CDA library for educational purposes in Canada. In addition to this specific objective, the will also contained the condition that the library be named "The Sydney Wood Bradley Memorial Library".

29. The following resolution summarizes pertinent events in regard to the bequest and proposes action for approval by the Board of Governors.

Whereas the late Dr. Sydney W. Bradley of Ottawa during his lifetime took an exceptionally active interest in the establishment and maintenance of the library at Canadian Dental Association headquarters, and

Whereas Dr. Bradley not only made regular monetary donations anonymously, but in 1952 also made provision for the library in his will on the conditions that the bequest remain unannounced until after his death, that the library be named "The Sydney Wood Bradley Memorial Library", and that the money be used to help maintain the library for educational purposes in Canada, and

Whereas the Executive Council of that day agreed to these conditions, and
 Whereas Dr. Bradley died in Ottawa, February 20, 1967, and
 Whereas in his will he left the sum of \$50,000 in trust for the continued
 development of the CDA library, subject to the proper naming of the
 library, and other conditions as stated above, and
 Whereas legal counsel for Dr. Bradley's estate required confirmation of the
 earlier Executive action, and
 Whereas on March 29, 1967 the Executive Council did unanimously confirm
 that as of the date of April 1, 1967 and henceforth, the CDA library
 shall be named and known as "The Sydney Wood Bradley Memorial
 Library", therefore be it
 Resolved that the Board of Governors record its sincere gratitude for this
 munificent gift, and that this gratitude be expressed to Mrs. Bradley
 and to her daughter, Mrs. T. A. K. Langstaff, and be it
 Resolved that in accepting this gift the CDA Board of Governors covenants
 to carry out at all times the wishes of the donor as stated in the will,
 and be it further
 Resolved that the library trustees be charged with the responsibility of
 allocating moneys from the trust in accordance with the conditions of
 the will.

ADOPTED

Annual Meetings (See also 2 — 6)

30. Council approved the dates of June 28, 29 and 30, 1971 for the Board of Governors meetings and July 1, 2 and 3, 1971 for the Canadian Dental Association Convention, to be held in Windsor, Ontario and hosted by the Essex County Dental Association.

On motion from the floor, the following resolution was proposed:

Whereas it has been proposed that the dates of the annual CDA Convention be held at approximately the same time of the year, viz the end of June — first of July, and

Whereas the suggested dates for the proposed CDA Convention to be held in Windsor, Ontario in 1971 are July 1, 2 and 3, and

Whereas the dates for the Ontario Dental Association Convention in 1971 have been set for the third week of May and the hotel accommodation has been arranged, and

Whereas the ODA has traditionally held its annual Convention in the third week of May for the past half century, and

Whereas the proposed date of the CDA Convention in 1971 would be only six weeks from that of the ODA Convention, therefore be it

Resolved that the Executive Council of the CDA give consideration to changing the dates of its annual Convention in 1971.

ADOPTED

Honorary Membership

31. Article VI, Section 9, subsection (i) of the constitution and by-laws of the Canadian Dental Association authorizes the Executive Council to nominate honorary members. On this authority, Council is pleased to make the following nomination:

Whereas Gordon D. Watson, Q.C. of Toronto, Ontario has served the Association as its legal counsel for many years, and

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Whereas Mr. Watson, a busy and successful lawyer, has always permitted the Association to impose on his time and abilities far beyond the worth of any financial compensation he has received from the Association, and Whereas the Executive Council is most grateful for the skill, efficiency, good nature and generosity with which Mr. Watson provides his legal services, Therefore Council takes much pleasure in placing before the Board of Governors the name of Mr. Gordon D. Watson, Q.C. as this year's nominee for honorary membership in the Canadian Dental Association.

ADOPTED

Student Membership

32. An early interest on the part of dental students in the objectives, responsibilities and activities of the Canadian Dental Association is to be encouraged. To this end, the establishment of a student membership in the Association is recommended. Details are supplied in Appendix I.

33. Council urges the Board of Governors to support this recommendation and suggests its implementation via the following resolution and motions:

- a) Whereas some undergraduate dental students are showing an interest in the affairs of organized dentistry, and

Whereas it is desirable to encourage this interest in all undergraduate dental students, and

Whereas membership in the Canadian Dental Association is one way of exposing students to the objectives of organized dentistry and its services to the public and the profession, therefore be it

Resolved that the CDA establish a student membership category effective on a voluntary basis January 1, 1968.

ADOPTED

- b) Resolved that the dues for student membership be \$5 per calendar year, and that members be entitled to receive the *Journal of the Canadian Dental Association*, a membership card, admittance to scientific sessions and to participate in a special group life insurance program sponsored by the Association.

ADOPTED

- c) Resolved that members of the Board of Governors assume responsibility for contacting the dean(s) and dental student organization(s) in their local dental school(s) to initiate the program.

ADOPTED

- d) Resolved that CDA Council on Constitution and By-Laws submit proposals for amending the constitution and by-laws in order to include a student membership category.

ADOPTED

- e) Resolved that as early as possible a pamphlet, in English and French, describing student membership in the CDA be prepared by the Executive Council for distribution to all undergraduate dental students in Canada.

ADOPTED

On motion from the floor, the following resolution was presented:

Resolved that the Executive Council give consideration to the formation of a dental student division within the CDA.

ADOPTED

CDA Archives

34. It has come to the attention of Council that books, certificates and documents of considerable historical value to Canadian dentistry exist, mainly in private hands, and that they might be released provided they could be safely preserved in a suitable archives. Without some such depository, irreplaceable material might be lost forever.

35. A study of archives revealed the following information:

- a) *Purpose of Archives:* Archives are a repository of historical records, documents and materials (books, correspondence, manuscripts, certificates, reports, brochures, pamphlets) pertaining to or emanating from an organization. The purpose of archives is to preserve permanently those documents which may be of value in guiding the future conduct of the business and activities of that organization.
- b) *Archives and Library Service:* It is necessary to distinguish between archives and a library. Archival material may only be consulted but cannot be withdrawn from a collection. Confidential archival material may be consulted only by the administration or by the agency from which the material emanated. Other interested persons must present written permission to consult such material. Library material, on the other hand, is freely available to borrowers. Much of a librarian's time is devoted to serving these borrowers. Library and archival responsibilities should be kept as separate entities. They should not devolve on the same personnel; otherwise library service to borrowers is apt to suffer or (and this is more likely) archives may become neglected.
- c) *Personnel:* Two kinds of people are employed in archives — (a) those who recruit and select historically significant material for retention (archivists), and (b) those who process, catalogue, arrange and store material selected by archivists.
- d) *Cataloguing:* Archives are of little practical value without an effective means for rapid retrieval of desired information. This calls for a system of catalogue cards that yield data on: (a) classification and inventory (a schedule showing source, year, title and location entries for each item of material), (b) accessioning (how the material was obtained and what restrictions, if any, apply on its public use), and (c) calendar information (précis of very valuable letters in a collection).

36. As a result of this study, Council believes that a new attempt at establishing a CDA archives should be made. Such a collection should accommodate not only memorabilia collected from the past; it should also include material systematically gathered from the Association's current inactive files. Such material should be submitted to the archivist for selection at his discretion.

37. Accordingly, Council approved the following resolutions:

- a) Resolved that Dr. Don W. Gullett be appointed archivist of the Canadian Dental Association with responsibility to establish and maintain the archives of this Association and the Association's headquarters, and further be it
- b) Resolved that the sum of \$500 be allocated to cover the purchase of document cases, card index files, cost of repairs to perishable documents and archival travel in 1967.

ADOPTED

EXECUTIVE

Comptroller

38. Council is pleased to announce the appointment of Mr. Donald Murray McDonald as the Association's comptroller. Mr. McDonald is retiring as Vice-President and Treasurer of Wm. Wrigley Jr. Company Ltd., a position he has held since 1960. He has been a director of the company since 1948.

39. Mr. McDonald has also been appointed executive-director of the Canadian Fund for Dental Education and will initially divide his talents and services between the Fund and CDA. He will take up his new duties on June 1, 1967 and will be located at CDA headquarters.

CDA Journal — Translation

40. As suggested a year ago (*Transactions* 1966:78, 44), Dr. Georges Pelletier, Associate French Editor, following careful study, made specific recommendations concerning production of the French text for the *Journal*. In essence, Dr. Pelletier's recommendation was that production of the French text other than articles and editorials be transferred to Toronto. He would maintain supervisory control over the complete French content and would personally be responsible for the French articles and editorials. Steps have been taken to put Dr. Pelletier's proposals into operation for a trial period of one year.

Association of Canadian Faculties of Dentistry

41. A presentation (Appendix H) directed to the CDA, signed by Dean J. W. Neilson, president of the Association of Canadian Faculties of Dentistry, is acknowledged. The presentation officially announces the establishment of the new Association of Canadian Faculties of Dentistry and makes two specific requests of the Board of Governors.

42. Council commends Dean Neilson and the other executive members for their initiative in establishing the new association and, in a spirit of co-operation, approved the following resolution:

Whereas there has been established an Association of Canadian Faculties of Dentistry comprising the nine dental faculties of Canada, and

Whereas there has been an expression by the ACFD to establish close liaison with the Canadian Dental Association, and

Whereas there has been a request for funds by the ACFD at this time, therefore be it

Resolved that a committee be appointed by the chairman of the Executive Council to meet representatives of executive of the ACFD to bring in recommendations to effect paragraph 2 of Appendix H, and ascertain the degree of financial assistance required of the Canadian Dental Association.

ADOPTED

Five-year Projection

43. The Executive Council has undertaken a study of Association needs over the next five year period. The study includes an analysis of services and financial requirements. Council considered a draft report on the study and made suggestions for its completion and subsequent presentation. As a preliminary step in implementing recommendations contained in the report, Council presents the following resolution for consideration by the Board of Governors:

Whereas there is increasing interest by the corporate members in the area of auxiliary services and dental services, and

Whereas the deliberations and findings of the Dental Services Committee and the Auxiliary Services Committee are becoming increasingly important in developing Canadian Dental Association policy, therefore be it

Resolved that the Dental Services Committee and Auxiliary Services Committee be composed of a representative of each of the corporate members, elected by the Board of Governors, in consultation with the corporate member, and that the constitution and by-laws of the Association be amended accordingly, and be it further

Resolved that each corporate member be encouraged to establish dental services and auxiliary services committees, from which the representatives to the national committees might be selected.

ADOPTED

Projection of Dental Services (See also 19)

44. The Board of Governors at the 1966 annual meeting directed that the Policy Statement on Projection of Dental Services be reviewed and rewritten under the guidance of the Executive Council (*Transactions* 1966:13).

45. A sub-committee of the Executive Council has initiated an overall review of CDA philosophy with regard to such a policy statement and to this end has contacted each corporate member for suggestions and guidance.

46. The sub-committee plans to draft a revised policy statement, taking into consideration expressed views of the corporate members, and proposals from the "five-year projection" project. The draft will then be submitted to corporate members and appropriate Councils and Committees for amendment before finally being presented to this Board for approval.

Format of Transactions

47. The following resolution regarding format of *Transactions* is proposed:

Whereas the membership, in reading the *Transactions*, may not read the appended comments in conjunction with the reports, and

Whereas in so doing members may not be aware of the final decision reached by the Board of Governors, therefore be it

Resolved that the Executive Council consider that where paragraphs in the reports are amended, deleted or emphasized by a resolution, etc., that comments that have been appended to the reports be inserted after each paragraph so changed.

ADOPTED

Liaison with Canadian Medical Association

48. The following resolution was presented from the floor:

Whereas there is need to establish formal liaison between the Canadian Dental Association and the Canadian Medical Association, and

Whereas there could be important benefits accruing from the exchange of information, opinions and ideas between the associations, and

Whereas it is important to have personal avenues of communication of a continuing nature always available, and

Whereas the president of the Canadian Medical Association, Dr. R. K. Thomson, has issued a strong invitation to the Canadian Dental Associa-

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tion to establish these formal channels of communication, therefore be it Resolved that the Board of Governors direct the Executive Council to proceed with the establishment of procedures necessary to bring into being these modes of communication.

ADOPTED

Study on Taxation

49. On motion from the floor, the following resolution was proposed:

Resolved that a committee (or sub-committee) on taxation be set up by the Executive Council, whose terms of reference would be: (1) to be cognizant of the tax situation, present and proposed, federal and provincial, in the light of its effect on the practice of the profession of dentistry, and (2) to establish guidelines for the necessary legislation regarding professional incorporation which will be in the best interests of the public and the profession.

ADOPTED

The report of the Executive Council is notable for both quality and quantity. Members of Council have worked long and hard and the results are most commendable. We thank them for the diligence of their efforts and the excellent results.

Moved by H. MacLean, seconded by Eaton:

That the report of the Executive Council be adopted as amended.

ADOPTED

Appendix A

MANUAL FOR BOARD OF GOVERNORS MEETINGS (comments and action in **bold face type**)

(This document replaces the Guide to Operation of Annual Board Meeting (*Transactions* 1966:86) approved last year.)

1. All members of the Canadian Dental Association are welcome to attend and participate in annual meetings of the Board of Governors. The procedure at annual meetings is to have Reference Committees first study the annual reports of Councils, Committees and Sections. These reports, together with the reports of the Reference Committees, are discussed at open sessions of the Board where, although the President may permit any individual member to speak on an issue, only Board members may vote.
2. Reports to be considered have been distributed in advance to members known to be attending the Board meeting. Some additional copies are available at the meeting. It is assumed that members will have read the reports prior to discussion of them at open sessions of the Board; therefore, only the report of the President and the reports of Reference Committees are to be read aloud to the Board.
3. Reports of Reference Committees are written in a form which permits adoption, either with or without amendment, by the Board at an open session, but the Board itself is solely responsible for the reports it adopts. Reference Committees provide the initial sounding-board for opinions. Their reports, based on their study and discussion, highlight information on which the Board should take action, and facilitate the decision-making function of the Board. The report which the Board adopts appears immedi-

ately following the Council, Committee or Section report in the published *Transactions* under the title “*Comment and Action.*”

4. Attendance at Reference Committee meetings is open to all members of the Canadian Dental Association.

Chairmen

5. The Executive Council is responsible for appointing members of the Board to serve as chairmen of Reference Committees. The chairman of a Reference Committee is responsible for the meeting room and for conducting all sessions of that Reference Committee. The Chairman enjoys the same privileges as other members of the Reference Committee except that he is not responsible for writing a report.

Reporters

6. The Executive Council is responsible for naming members of the Association to serve as reporters for the Reference Committees. The order of preference for these assignments is Board members, chairmen of Councils and Committees, officers of Sections, secretaries of Corporate Members, other individual members of the Association.
7. One reporter shall be named for each report assigned to each Reference Committee for study. The reporter is responsible for writing the report of the Reference Committee, for submitting that report to the office staff at the earliest opportunity, and for presenting his report to the Board of Governors at an open session. Each reporter is expected to prepare himself in advance of the annual meeting by studying the report assigned to him.
8. Members of the Association who are not assigned by the Executive Council to a Reference Committee are free to join any Reference Committee at any of its sessions.

Reference paragraph 8, Appendix A, resolved that the following sentence be added:

“Assignees to Reference Committees, when not busy with their specific assignment, are also free to join any other Reference Committee at any of its sessions.”

ADOPTED

Agenda

9. The Executive Council is responsible for preparing an agenda for each Reference Committee and announcing it at the opening session of the Board meeting. (An agenda for each Reference Committee shall be available at the business office and, if possible, outside the door of each committee room.)

Reports

10. Should the report under study be entirely informative, with no resolutions in it and requiring no resolution from the Reference Committee, then the Reference Committee report may contain only a general comment if desired and a motion to adopt the original report. This motion to adopt the original report must carry the names of mover and seconder who are Board members.
11. Amendment of original reports should be kept to a minimum. Should the Reference Committee find it necessary to amend, the original portion and the amended version should both be included in the Reference Committee report.

EXECUTIVE Appendix A

12. All resolutions in original reports must receive comment in the Reference Committee report. The Reference Committee may recommend substituting or deleting resolutions of the original report, and may add new resolutions in its report, but should not amend resolutions in the original report. The whereas clauses of a resolution should contain the supporting reasons for the resolving clauses which specify the action being taken.
13. The Reference Committee report may include recommendations for courses of action the Committee deems advisable. For statements of policy or specific instructions to carry out actions, resolutions should be prepared.
14. Although formal votes on any issue before a Reference Committee are not required, they may be used, at the discretion of the chairman, in arriving at a consensus. Numbers of votes for or against an issue are to be omitted from Reference Committee reports to the Board.
15. Reference Committee reports should be submitted to the Association office as early as possible, but no later than 5 p.m., Friday.

Appendix B

REPORT OF THE CONVENTIONS SUB-COMMITTEE

1. This sub-committee has made several recommendations in recent years regarding operational details. It believes that a major overhaul is required to improve national dental conventions. Rather than continue the same approach to the problem, broad policy should be established. It then would be possible to develop operational details to conform with the policy.
2. In brief, operating national dental conventions has become a major task requiring specialized assistance on a continuing basis. The job has become large enough, in most instances, to be burdensome for groups of volunteer dentists whose primary task — providing dental care — is far removed from organizing conventions. The CDA itself has grown in stature to a stage in which the traditional method of lending its name to provincial or regional conventions does not reflect the importance of the event or the prestige of the organization.
3. The CDA practice of moving its annual meeting from place to place across Canada at the request of local, regional or provincial associations is a dying tradition. With more dentists, greater emphasis on education, and easier travel, convention attendance has grown. The number of cities which can provide sufficient accommodation is small. More frequent visits to this limited number of localities mean more work for the dentists in those cities. Indications are that there is a limit to the amount of work volunteers can be expected to perform repeatedly.
4. There is significant value in continuity of the larger aspects of convention operation. The commercial exhibits and the printed program provide examples. The attention of specialists in these areas on a continuing basis can produce improvements, not only in quality and goodwill of advertisers and exhibitors, but also in revenue to CDA. And here the Association's convention activities are related to its other

activities such as publication of its *Journal*. Continuing co-ordination of these activities — impossible with changing volunteers — inevitably will lead to improvements to the benefit of all concerned.

5. For these reasons, outlined too briefly, the conventions sub-committee and the Executive Council seek guidance from the Board of Governors on broad general policy. With this guidance, this sub-committee or some other group yet to be named could develop details of operation. The Executive Council recommends adoption of the first proposal to follow, but three possible choices are described.

6. *Proposal Number One*

That the Canadian Dental Association hold independent national conventions directed by a standing committee on annual meetings. This proposal involves the selection of a standing committee which would be responsible to the Board of Governors in the same manner as other committees of the Association. This committee would recommend policies and develop guidelines for all aspects of CDA annual meetings (in their two parts: the Board meeting and the scientific and social sessions which follow). As with other committees, the support of headquarters staff, and possibly outside agencies, would be expected. In addition, it is anticipated that a committee for local arrangements would be selected for each convention. The standing committee might be expected to plan, for every convention, the scientific program, commercial exhibits, printed program and budget. The standing committee likely would be responsible for selection of convention locations and facilities, also.

7. *Proposal Number Two*

A second method of holding national dental conventions is contained in this proposal:

That the Canadian Dental Association usually grant a specified sum of money and permission to a regional or provincial dental association to use the name of CDA in holding a convention, but CDA itself not participate in planning or operating the convention. This proposal implies that CDA would divorce itself from convention activity, except for assistance financially and by use of its name to an association which wishes to operate a “national” convention. Additionally, the CDA Board of Governors meeting would be held at the same location and at approximately the same time as the convention.

8. *Proposal Number Three*

Another alternative is contained in this proposal:

That the Canadian Dental Association annual meeting consist only of the meeting of the Board of Governors, to be held at times and locations to be determined by the Board.

9. If this policy were to be adopted, Canada would have no national dental convention. Board meetings might be held independently or in conjunction with regional or provincial conventions, but CDA would have no responsibility for such a convention.

EXECUTIVE Appendix B

Conclusion

10. We have reached the age of supersonic jetliners and are on the verge of inter-planetary travel. Traditions are being toppled. Your sub-committee believes that the traditional methods of operating national dental conventions are outmoded. Instead of continuing to suggest minor changes — of which many have been adopted in recent years — your committee recommends adoption of a new broad concept within which it can move forward to propose details for your later approval.
11. The CDA has accepted invitations from dental associations to host national conventions through 1970. Acceptance of a new philosophy should not affect the operation of conventions until at least 1971 — only four years away. The interval would be necessary for development of plans and policies for truly *national* conventions operated by the Canadian Dental Association.

J. P. Coupland, Chairman
J. D. Purves

Appendix C

THE CANADIAN SOCIETY OF PUBLIC HEALTH DENTISTS

*Mr. President and Members of the Executive
Council of the Canadian Dental Association*

1. The Canadian Society of Public Health Dentists hereby makes formal application to the Canadian Dental Association to become a Section of the Canadian Dental Association and for recognition of public health dentists as specialists. The decision to make this application was approved at a meeting of the Canadian Society of Public Health Dentists in session at Halifax, N.S. on June 15, 1966.
2. This application is in accord with the terms of reference and regulations with respect to recognition of specialists and specialties by the Canadian Dental Association as adopted and amended to the present time.
3. Officers of the Canadian Society of Public Health Dentists for 1966-1967 were elected at the first meeting. The list of officers is submitted in Appendix C1. The general by-laws of the Canadian Society of Public Health Dentists are submitted in Appendix C2.
4. This application is based upon the following considerations:

Need for the Specialty of Dental Public Health

5. Dental Public Health is a practice of dentistry requiring specific qualifications and competence. Dental Public Health requires knowledge, skills and techniques from many disciplines. It includes training in research, nutrition, health education, preventive practice procedures, oral diagnosis, administration of dental treatment services in public health programs, statistical preparation and evaluation of dental indices which portray community dental health and the epidemiology of dental diseases. These areas are not part of the usual undergraduate dental course.

6. Dentistry faces a challenge within the framework of public health organization to meet on equal footing, academically as well as from the standpoint of practical achievement, all professional groups and to integrate its services with others at the highest levels in the public health field.
7. Canadian Schools of Public Health make courses available to dentists leading to a diploma in Dental Public Health and the Master of Science degree. This indicates recognition of a need for dentists in public health with graduate university qualifications.
8. The demand for public health dentists with these qualifications will increase in proportion to the expansion of public health services and activities in Canada.
9. Admission to and participation in multi-discipline organizations and conferences, senior advisory councils to governments, special commissions, and study groups in fields related to dentistry may be gained only by dentists who have the required special training.
10. The recognition of the specialty of Dental Public Health by the Canadian Dental Association will serve at least two purposes:
 - (a) to bring to the public a better service through the several fields related to public health dentistry,
 - (b) to elevate the status of dentistry within the public health structure.
11. The Canadian Dental Association has established the Council on Public Health as one of the eight Councils of the Association. The activities of the Council provide for both the public and the profession one of the vital services of the Canadian Dental Association. This indicates that the Canadian Dental Association recognizes the special field of Dental Public Health.
12. The Canadian Dental Association's Brief to the Royal Commission on Health Services, 1962, recognized the special competence of public health dentists.

Organization Within the Specialty of Dental Public Health

13. The dental section of the Canadian Public Health Association has held annual meetings since 1951. There are component public health associations for each of the provinces which constitute the Canadian Public Health Association. The members of these organizations are dentists who are engaged in public health practice.
14. Dental Public Health was recognized as a specialty by the Royal College of Dental Surgeons of Ontario in 1957, by the Quebec Provincial Dental Board in 1950, by the New Brunswick Dental Society in 1964, and by the American Dental Association in 1950. The American Board of Dental Public Health was established in 1951 as the certifying board for public health dentists in the U.S.A.
15. A one-year diploma course in Dental Public Health has been in existence at the School of Hygiene, University of Toronto, since 1944, and at the School of Hygiene, University of Montreal, since 1950.
16. There exists a considerable body of literature related to the discipline of dental public health.

EXECUTIVE Appendix C

17. It is suggested that the proposed Dental Public Health Section be regulated by by-laws similar to those governing the Sections previously approved by the Board of Governors of the Canadian Dental Association. The general by-laws for a Dental Public Health Section are submitted in Appendix C2.

Definition of Dental Public Health

18. Dental Public Health is considered to be that practice of dentistry specifically responsible for the initiating, planning, implementing, supervising and evaluating of programs intended to maintain or improve the dental health of groups and to which every member of the group has entitlement. Special programs may include and utilize any one or combination of the educational, preventive or therapeutic techniques that may be required.

Specialists in Dental Public Health

19. The specialty of Dental Public Health practice is limited to those dentists who have achieved post-graduate qualifications which prepare them to administer, teach, and conduct research in dental public health and who are devoting all of their time to the practice or teaching of dental public health or a related discipline.

R. A. Connor
President

Appendix C1

The following list of officers was officially elected at the Canadian Society of Public Health Dentists meeting in Halifax N.S. on June 15, 1966.

President: Dr. R. A. Connor
Pres. Elect: Dr. J. J. Marineau
Secretary: Dr. J. M. Conchie
Treasurer: Dr. T. J. Gavriloff

Appendix C2

CONSTITUTION AND BY-LAWS OF THE CANADIAN SOCIETY OF PUBLIC HEALTH DENTISTS

CONSTITUTION

Article I — Name

1. The name of this organization shall be the Canadian Society of Public Health Dentists hereinafter called "the Society" or "this Society".

Article II — Object

2. It shall be the object of this Society to advance the art and science of Dental Public Health, and by its application, maintain and improve the dental health of the public.

Article III — Organization and Dissolution

3. This society is a non-profit corporation organized under the laws of Canada.
4. If this corporation is dissolved at any time, no part of its funds or property

shall be distributed to, or among, its members but, after the payment of all the indebtedness of the corporation, the remainder funds or properties shall be used to foster the art and science of Dental Public Health in a manner to be determined by the then governing body of the corporation.

Article IV — Membership

5. The membership of this Society shall consist of dentists and other persons whose qualifications and classifications shall be as established in Article I of the by-laws.

Article V — Dues and Fees

6. The dues and fees of the Society shall be established in Article IV of the by-laws.

Article VI — Government

7. Section 1 Legislative Body: The legislative and governing body of this Society shall be the General Assembly as provided in Article II of the by-laws.
8. Section 2 Administrative Body: The administrative body of this Society shall be the elective officers as provided in Article III of the by-laws.

Article VII — Elective Officers

9. The elective officers of this Society shall be a President, a President-Elect, a Secretary and a Treasurer. One person may serve as both Secretary and Treasurer. All of these officers shall be elected under the provision of Article III of the by-laws.

Article VIII — Executive Council

10. The Executive Council of this Society shall be the elective officers and the chairmen of the Standing Committees.

Article IX — Annual Session

11. The Annual Session of this Society shall be composed of the annual session of the General Assembly as provided in Article II of the by-laws, and the annual scientific session as provided in Article V of the by-laws.

Article X — Principles of Ethics

12. The principles of ethics of this Society shall be the Principles of Ethics of the Canadian Dental Association and shall govern the professional conduct of the members of this Society.

Article XI — Amendments

13. This Constitution may be amended at any annual session on recommendation of the elective officers and on two-thirds vote of the members of the General Assembly present and voting, providing that the proposed amendment has been submitted in writing to all active members at least sixty (60) days prior to the date on which the vote is taken.
14. This Constitution also may be amended at any annual session on recommendation of the elective officers and on unanimous vote of the members of

the General Assembly present and voting, provided that the proposed amendment has been presented in writing at a previous meeting of the said session.

BY-LAWS

Article I — Membership

15. *Section 1. Classifications:* The members of this Society shall be classified as follows:
 - (a) Active Members
 - (b) Associate Members
 - (c) Retired Members
 - (d) Honorary Members
16. *Section 2. Qualifications:* The qualifications for the various classifications of membership shall be as follows:
 - (a) Active Members: A dentist who is a member in good standing of the Canadian Dental Association, and who has completed at least two years of private or institutional practice of dentistry and who has completed a post-graduate course consisting of a minimum of eight months of instruction in a school of public health or institution approved by the Committee on Membership, and who has completed a minimum of two years' subsequent service in an approved health agency or institution, or who has other training and experience considered to be of equal value, and who is devoting all of his time to the practice or teaching of dental public health or a related discipline, may be classified as an active member on nomination by the elective officers and election by the General Assembly.
 - (b) Associate Members: A dentist who is a member in good standing of the Canadian Dental Association or another recognized national dental association who has been engaged for at least two years in dental public health, industrial or institutional dental programs, dental public health administration, dental public health research, or dental public health teaching, may be classified as an Associate Member on nomination by the elective officers and election by the General Assembly.
 - (c) Retired Member: A member in good standing of this Society who shall have retired from active practice on account of ill health or age and who shall have made a contribution to this Society may be classified as a Retired Member upon the nomination of the elective officers and election by the General Assembly.
 - (d) Honorary Member: A person who has made outstanding contributions to the art and science of dental public health may be classified as an Honorary Member on nomination of the elective officers and on election by the General Assembly.
17. *Section 3. Nomination and Election to Membership:* Nominations for membership shall be presented to the Secretary on the regular form furnished by the Society. The nomination for membership shall be signed by two Active Members who are personally acquainted with the nominee, and each of them shall furnish a letter of recommendation. The letters must give detailed information concerning the character, methods of practice

- and qualifications of the nominee. The nomination and the letters shall be sent to the Secretary who shall place them in the hands of the Membership Committee for checking and verification. If the Membership Committee approves the qualifications of the nominee, then their recommendation, including the type of membership, is presented to the elective officers for their approval. A list of all approved nominees shall be sent to all Active Members of the Society at least thirty (30) days prior to the annual business session of the General Assembly. A three-fourths affirmative vote of all Active Members present and voting in the General Assembly shall be necessary for election to membership in the Society.
18. Nominations for Retired and Honorary Membership shall be made by the Elective Officers to the General Assembly where a three-fourths affirmative vote of Active Members present and voting shall be necessary for election.
 19. A recipient of an invitation to membership in the Society shall be eligible for the privileges of membership on the payment of initiation fees and annual dues. The invitation must be accepted and initiation fees paid within thirty (30) days.
 20. *Section 4. In Good Standing:* A member of this Society who is not under final sentence of suspension or expulsion and whose dues for the current calendar year have been paid shall be considered as a "member in good standing". Each Active Member shall be required to attend one Annual Meeting in a five year period in order to remain in good standing.
 21. *Section 5. Privileges of Membership:*
 - (a) Active Members: shall have all the privileges of the Society including the right to vote, to make nominations and to hold office.
 - (b) Associate Members: shall have all the privileges of Active Membership except the right to vote, to make nominations, or to hold office.
 - (c) Retired Members: shall have all the privileges granted to their former classification of membership.
 - (d) Honorary Members: shall have all of the privileges of Active Membership except the right to vote, to make nominations and to hold office provided that Honorary Membership shall not withdraw privileges previously held by an Active Member.
 22. *Section 6. Transfers:* A member may transfer from one classification of membership to another classification if he (or she) is qualified for the classification of that membership on recommendation of two Active Members. Such application is made to the Secretary on application form furnished by the Secretary. The filled-in form with other credentials substantiating his (or her) qualifications shall be sent to the Secretary who shall place them in the hands of the Membership Committee for checking and verification. If the Membership Committee approves of the qualification of the applicant, their recommendation shall be presented to the elective officers for their approval. A list of all approved applicants shall be sent to all Active Members of the Society at least thirty (30) days prior to the annual business of the General Assembly. A three-fourths affirmative vote of all Active Members present and voting shall be necessary for the transfer to be successful.

Article II — General Membership

23. *Section 1. Name and Composition:* The governing body of this Society shall be the General Assembly which shall be composed of all Active Members of this society.
24. *Section 2. Powers:* The General Assembly shall have the following powers:
 - (a) It shall be the supreme legislative body of this Society;
 - (b) It shall have the power to enact, amend and repeal the Constitution and By-Laws of this Society on recommendation of the Executive Council of the Society;
 - (c) It shall have the power to elect all members of the Society;
 - (d) It shall have the power to approve all memorials, resolutions and recommendations made in the name of the Society;
 - (e) It shall have the power to elect the elective officers;
 - (f) It shall have the power to elect members of the committees and boards not otherwise provided for in these by-laws;
 - (g) It shall serve as final court of appeal from decisions of the Executive Council on any disciplinary action taken against any members of the Society.
25. *Section 3. Sessions:* The General Assembly shall meet at least annually at a time and place determined by the elective officers. The annual session of the General Assembly may be postponed provided that written notice of such postponement is sent to all members of the Society immediately following the action of the elective officers.
26. *Section 4. Quorum:* One quarter of the voting members of the General Assembly shall constitute a quorum for the transaction of business.
27. *Section 5. Name and Number of Committees:* The General Assembly shall have four standing committees designated as follows:
 1. Committee on Constitution and By-Laws
 2. Committee on Membership
 3. Committee on Annual and Scientific Sessions
 4. Committee on Public and Professional Relations.
28. *Section 6. Special Committees:* Special committees of this Society shall be appointed on authorization of the President. The terms of all members of special committees will lapse at the annual session following which they were appointed unless re-authorized by vote of the General Assembly. All special committees shall be composed of Active Members.
29. *Section 7. Composition and Term of Standing Committees:* All standing committees of the Society shall be composed of a Chairman and two Active Members elected for terms of three, two and one year, respectively. At each succeeding annual meeting one member only shall be elected for a term of three years.
30. *Section 8. Officers:* The Chairman of all standing and special committees shall be appointed by the elective officers unless otherwise provided in these by-laws and shall not serve more than two consecutive terms of office, each of three years.
31. *Section 9. Vacancy:* Any vacancy in the membership of a standing or special committee shall be filled by the President who shall appoint a successor

until the next session of the General Assembly which shall then elect a successor for the remainder of the unexpired term.

32. *Section 10. Nominations and Elections of Standing Committees:* All members of standing committees shall be nominated by the elective officers or a petition signed by five Active Members presented at the first business meeting of the annual session. A majority vote of Active Members present and voting shall constitute election.
33. *Section 11. Duties of Standing Committees:* The following shall be the duties of the standing committees of this Society:
- (a) Committee on Constitution and By-Laws: shall examine the Constitution and By-Laws and, from time to time, make such suggestions for amendment as are necessary to increase the administrative efficiency of the Society. The committee shall consider all proposed amendments and shall submit them to the elective officers for review before presenting them to the General Assembly for action.
 - (b) Committee on Membership: The duties of the committee on membership shall be to conduct a program, subject to the direction of the elective officers, for the maintenance of membership and shall examine credentials and record the roll.
 - (c) Committee on Annual and Scientific Sessions: shall be in charge of all arrangements for the annual session and other scientific programs, subject to the approval of the elective officers. The Committee may appoint the following sub-committees subject to the approval of the elective officers:
 - 1. Sub-committee on essay program
 - 2. Sub-committee on Clinic program
 - 3. Sub-committee on arrangements
 - 4. The committee may also appoint other sub-committees upon the approval of the elective officers.
 - (d) Committee on Public and Professional Relations: the duties of this committee shall be designated by the elective officers.
34. *Section 12. Quorum:* A majority of the total number of members of any committee shall constitute a quorum for the transaction of business.

Article III — Elective Officers

35. *Section 1. Name and Number:* The elective officers of this Society shall be five in number and shall be designated as President, President-Elect, Immediate Past President, Secretary and Treasurer provided that one person may be elected by the General Assembly to serve as Secretary-Treasurer.
36. *Section 2. Eligibility:* Only an Active or Retired Member, qualified by his previous classification as an Active Member, may serve as an elective officer of this Society.
37. *Section 3. Term of Office:* All officers shall hold office from the annual session at which they were elected to the following annual session, or until their successors are duly elected and installed, provided, however, that the President-Elect shall succeed to the office of President without further election at the annual session following that at which he was designated

EXECUTIVE

Appendix C2

President-Elect and the President shall succeed in the office of Immediate Past President without further election.

38. *Section 4. Nominations and Elections:* Elective officers shall be nominated from the floor at the first business meeting of the annual session, and election shall be by ballot.
39. *Section 5. Vacancy:*
- (a) In the event the office of President becomes vacant, the President-Elect shall serve as President for the unexpired term in addition to serving the full term for which he was elected.
 - (b) In the event the office of President-Elect becomes vacant, the office of President for the ensuing year shall be filled at the next annual session in accordance with the provisions of Article II of these by-laws.
 - (c) In the event the office of Secretary becomes vacant, the President shall appoint a successor pro-tem to serve until the next session of the General Assembly when a successor shall be elected.
 - (d) In the event the office of Treasurer becomes vacant, the President shall appoint a successor pro-tem until the next session of the General Assembly when a successor shall be elected.
 - (e) In the event the office of Immediate Past President becomes vacant, no successor shall be appointed but the President shall assume the duties of the vacated office.

Article IV — Fees, Dues and Fiscal Year

40. *Section 1. Fees and Dues:* Annual fees shall be due and payable at the beginning of each fiscal year. The amount is to be determined periodically by the General Assembly.
41. *Section 2. Fiscal Year:* The fiscal year of the Society shall be from July 1st to June 30th.

Article V — Annual Scientific Session

42. *Section 3. Time and Place:* The annual scientific session shall be a part of the annual session of this Society as provided in Article VIII of the Constitution. The annual scientific session shall be held at such time and place as may be determined by the elective officers. In the event of a declaration of extreme emergency, in accordance with the provisions of Article II of these by-laws, under the direction of the elective officers, the annual scientific session shall not be held for the duration of the extreme emergency.

Article VI — Amendments

43. *Section 1:* These by-laws may be amended at any session of the General Assembly by two-thirds affirmative vote of the members present and voting, provided that the proposed amendment shall have been submitted in writing to all Active Members at least sixty (60) days prior to the date on which the vote is taken. The by-law governing the dues and fees of members of this Society shall not be amended at the annual session at which such amendment is introduced unless by unanimous consent.

54th ANNUAL SESSION
of the
FEDERATION DENTAIRE INTERNATIONALE
held in
TEL AVIV, ISRAEL
July 10-17, 1966

1. During the annual FDI Meeting in Vienna, 1965, Dr. Knut Gard, Norway, was installed as President for a two-year term. His death in early spring of 1966 made it necessary to select a successor. Professor P. O. Pedersen, a former FDI Vice President from Denmark, was chosen by the FDI Council, and was formally installed at the opening assembly meeting in Tel Aviv. Dr. Pedersen, in spite of a limited preparatory period, fulfilled the responsibilities of the office of President with dignity and skill.
2. Thirty-eight member countries were represented at the meetings by 1,306 delegates, alternates, observers, and supporting members, their wives and families. Approximately 25 Canadian dentists and their wives were registered.
3. Throughout the business, scientific, and social events of the meeting, President Pedersen and others continued to stress the international value of meetings such as this. Discussions and fraternization in an environment where international boundaries are, for practical purposes, non-existent, are strong forces in the direction of world understanding and goodwill. Secretary-General Gerald Leatherman stated that the Fédération has also a special responsibility as a world-wide non-governmental agency, representing organized dentistry, to recognize the problems which threaten the dental health of the peoples of the world, to find a means for their solution and to bring together the highly trained people who will be able and willing to cope with them. Your delegates took pride in the fact that the Canadian Dental Association was making its contribution to this important phase of world understanding and progress, and felt privileged to act as your representatives.

Financial Position

4. Like most other voluntary organizations, the FDI is having difficulties balancing the cost of services it is called upon to perform with its income. The general assembly agreed that an increase in the national membership dues was inevitable in the near future, and the Council is to try to work out the amount and timing of the increase at the conclusion of the first six months of 1967. At the same time, every encouragement is to be given to increasing the number of individual supporting members, whose membership dues represent nearly half of the total annual income of the Fédération. As of June 30, 1966, there were 5,984 supporting members, 128 of them from Canada.

Future Meetings

5. Invitations have been accepted for future meetings as follows:
1967 — Quinquennial Congress in Paris, 6-13 July
1968 — Annual Session, Varna, Bulgaria, 17-24 September
1969 — Annual Session, New York, U.S.A., 11-18 October.

EXECUTIVE Appendix D

Decision was made in response to many enquiries regarding admittance to the Paris Congress that all types of auxiliary personnel would be admitted to the dental trade show, but to no other part of the Congress.

World Health Organization

6. A liaison committee has been established with the World Health Organization. This committee is now to meet on a regular basis and it is expected that the work of the two organizations will be more closely coordinated as a result of the creation of this committee.

Scientific Sessions

7. Scientific highlights of the session included papers on recent advances in dental materials, biological considerations in relation to periodontal disease, prevention in clinical dentistry, biology of the tooth and its defence reactions, dentistry and the social sciences. Internationally known speakers participated in each of the scientific programs and all were well attended.

Hadassah School of Dental Medicine

8. The Alpha Omega Fraternity, under the direction of its International President, Dr. Herbert Caplan of Montreal, and in collaboration with Dr. Ino Sciaky, Dean of the Hadassah School of Dental Medicine in Jerusalem, arranged for interested visitors to see through the school and to attend special dedication ceremonies in connection with the building. It was pointed out during the ceremonies that the Alpha Omega Fraternity had already made large financial contributions, without which the modern, attractive, well-equipped school would not exist. Your Secretary was given the opportunity on behalf of CDA to publicly compliment both the Fraternity and Dean Sciaky for past accomplishments and to wish them success in future developments for the school.

International Prizes

9. The general assembly approved the recommendation of respective juries for the winners of the 1967 awards as follows:

- (i) International Miller Prize to Professor Toverid of Oslo, Norway;
- (ii) Georges Villain Prize to Dr. Kaare Reitan of Oslo, Norway for outstanding work in the field of orthodontics.

Dental Lexicon

10. Culminating five years of intensive research and writing, the commission on dental education announced the completion of a dental lexicon in five languages (English, French, German, Italian, and Spanish). Consideration is already being given to a second edition that will include additional languages. The present edition is available at \$10. per copy. A national institute of research USA, has financed production and will make complimentary copies available to member organizations, dental libraries, and certain research groups.

Association Memberships

11. The most recent national dental association to apply for and be granted full membership in the Fédération is the Hungarian Dental Association, which was established in April 1966, and has 77 members.

Principal Requirements for Controlled Clinical Trials

12. The commission on classification and statistics for oral conditions, after much effort, produced a document under the above title, and had it approved by the general assembly. It was decided that these requirements should be published in detail in an early issue of the *International Dental Journal*.

Dental Specifications

13. Through the efforts of Dr. George Paffenbarger, chairman of the commission on dental materials, instruments, equipment, and therapeutics, a co-operative working arrangement has been developed between the commission and the International Standards Organization, so as to produce common specifications for the two organizations. This is a big step forward and should help to improve the effectiveness of agreed specifications, and at the same time reduce the confusion created by having more than one standard recognized by the two most interested international organizations.

Dental Practice

14. As a guide to developing countries, the commission on dental practice developed, and the general assembly approved, an "FDI Guide for the Administration and Organization of Dental Associations". Work is now underway to create international principles of ethics for the dental profession.

Rules for Radiation Hygiene

15. The general assembly approved "The Rules for Radiation Hygiene" drafted by the commission on dental materials, instruments, equipment and therapeutics. These have now been published in the *International Dental Journal*, Volume 16, No. 4, December 1966.

World Conference on Dental Health Education

16. It was decided that a world conference on dental health education planning and implementation would take place during the XIV World Dental Congress in Paris. Within the congress building there will be a Dental Health Education Centre containing a cinema to seat 50 to 75 people, and an informal conference and display area. Funds are being sought from outside sources to finance this educational endeavour.

Commission on Armed Forces Dental Services

17. This year the commission sponsored an International Conference on Military Dentistry held in conjunction with the 54th annual session of the FDI in Tel Aviv. The theme of the Conference was "The Established Role of an Organized Military Dental Service" and papers dealing with this subject were presented by representatives from Israel, the Netherlands, the United States and the United Kingdom. Brigadier K. M. Baird, RCDC, who is an adviser on the commission, acted as discussion leader, and was assisted by two other members of the Corps who were also in attendance, Lt-Col. L. A. Richardson, CO 4 Field Dental Company with the Canadian Brigade in Germany, and Capt. G. R. Nye, with the Canadian Contingent, United Nations Forces in Cyprus.

18. In addition to providing an opportunity of attending the scientific papers and exhibits and the general sessions of the FDI, the organizing committee of the Israeli Dental Services arranged for a number of side trips to various medical

EXECUTIVE Appendix D

and dental facilities of their armed forces and to many of the sites of historic and religious interest which abound in that country.

Report on the 1966 Annual Session

19. The above comments are highlights only. More detailed reports have appeared in the *FDI Newsletter*, and the *International Dental Journal*. Any report is incomplete without paying tribute to our Israeli colleagues, who organized and conducted a fine scientific and social program. The Fédération expressed appreciation to the Tel Aviv organizing committee under the chairmanship of Dr. E. Peckel, with Dr. I. Seifert as Secretary, for all they did to make this first meeting of the FDI in the Eastern Mediterranean region such a successful and memorable occasion, and to all its Israeli colleagues who welcomed their foreign visitors into their homes with warm hospitality.

Canadian Ambassador in Tel Aviv

20. Recognition and appreciation are also due the Canadian Ambassador to Israel and his charming wife, Mr. and Mrs. R. L. Rogers, who extended an invitation to all Canadians attending the FDI sessions to have dinner at the Ambassador's residence. The Rogers were charming hosts and they provided the Canadian delegates with a very pleasant evening.

Scandinavian Dental Association

21. En route to the FDI meeting in Israel the Secretary attended the 100th Anniversary of the Scandinavian Dental Association in Oslo, and presented, on behalf of CDA, an illuminated scroll, congratulating the organization on the occasion of its 100th birthday. A number of other national associations made similar presentations. There was genuine evidence of appreciation toward CDA for its interest and its gift.

James Zimmerman, D.D.S.
Past President, CDA
Herbert Caplan, D.D.S.
International President,
Alpha Omega, and Board
Member, C.D.S.P.Q.
W. G. McIntosh, D.D.S.
Secretary, CDA

Appendix E

AUDIT OF PIPL

Authority and terms

1. a) That an audit of Professional and Industrial Pensions Limited be carried out to the satisfaction of the Trustees in accordance with Article 3 paragraph 2 of the Trust Agreement.
- b) That auditors be requested to verify that all funds paid to Professional and Industrial Pensions Limited by dentists are transferred to the proper insurance or trust firm at the proper time and in the manner and amount designated;

That unearned premiums due to the death of the insured, or other, are returned to the insured or estate;

That all such moneys are correctly accounted for and that all refunds or rebates due to dentists are duly made;

That proper safeguards of Professional and Industrial Pensions Limited and its employees in respect to bonding are being employed; and

That funds on deposit with Professional and Industrial Pensions Limited until such time as they are transferred to the trust fund or insurance company are being adequately safeguarded.

- c) That the firm of Thorne, Mulholland, Howson and McPherson be appointed as auditors in accordance with the previous motion.

Report of Audit

2. The "examination of the records and financial practices" of Professional and Industrial Pensions Limited authorized by the Trustees of the Canadian Dental Association Pension and Insurance Plans on November 1, 1966, under authority of the Trust Agreement, Article III, Section 2, a and b, has been completed.
3. The report was presented to the Secretary of the Association on January 5, 1967, in time for the meeting of the Trustees held on January 6, 1967, by Mr. M. H. Costa for the Thorne Group Limited, who had conducted the audit.
4. The report is divided into four parts:
 - I. Introduction
This part sets out the terms of reference for the audit as provided by the Trustees and identifies the personnel involved.
 - II. Findings
To be referred to later in this report.
 - III. Investigation carried out
The technique and extent of the investigation are described.
 - IV. General Observations
To which reference is made below.
5. The "Findings" state that:

"All funds received from dentists by Professional and Industrial Pensions Limited are paid over to the appropriate trust or insurance company on the due dates and in the amounts billed;

"Any unearned premiums due to estates of deceased dentists were correctly refunded;

"All appropriate rebates or refund of premiums are duly made to dentists;

"The commercial blanket bond taken out by Professional and Industrial Pensions Limited on November 11, 1966 constitutes an adequate safeguard against losses from defalcation."
6. These statements relate directly to and are in the same succession as the first four terms of reference. The report has, therefore, verified proper disposition of dentists' deposits in all respects.
7. Under "General Observations" the report states:

"Accuracy of the Records

We noted that instances of error were of negligible proportions. We,

therefore, wish to comment on the obvious care and diligence with which the record keeping function is carried out in the company.

“Administration

We were impressed with the extent of service which Mr. Staddon and his assistant bring to bear, in carrying out their responsibilities. Extensive use is made of the financial and other records in providing this service. Further, our examination of correspondence showed that considerable research is carried out in order to determine the most economic premium for suitable coverage.”

8. The specific statements and general tenor of this report are such as to compliment the administrator of Canadian Dental Association Pension and Insurance Plans and if, through ignorance, such existed, set at rest any disquiet that may have disturbed the profession.
9. The auditors have included in the report four suggestions for change:
 - (1) They believe that the Trustees should be the beneficiaries under the commercial blanket bond.

There is some question in the minds of the Trustees that this can be done and, indeed, that it should be done since the corporation (PIPL) is the beneficiary of the bond, not the administrator.
 - (2) The auditors believe that funds held temporarily by PIPL could be more prudently invested in a variety of trust companies rather than largely concentrated in one.

The Trustees have been informed that these funds are insurance company funds, not dentists' funds, as per the Insurance Act, and further, are invested in securities approved by the regulations governing investment of trust funds.
 - (3) The auditors believe that such funds held temporarily should not be under the control and disposition of a single person. They specifically state that this comment is not to be construed as a criticism of Mr. Staddon.

The Trustees feel that, in view of the comment in the preceding paragraph 9(2), this may not be a matter in which they should involve themselves. They have alternatively taken under advisement the proposal that there should be alternate signatories from CDA for the operational accounts of PIPL in order to provide for uninterrupted operation of PIPL in the event of the deaths of the officers of PIPL.
 - (4) The auditors believe the accounting system of PIPL to be adequate for the present volume of business but feel that if the volume should expand to any great extent a more sophisticated system will be required.
10. The liaison members of the Trustees are to consider the foregoing four points in consultation with the auditors and Mr. Staddon and, if necessary, with the Association solicitor.
11. Copies of the report are on file at CDA Headquarters and may be seen there by interested members.

CDA RESERVE FUND
(a statement of principles)
(comments and action in **bold face type**)

Definition

1. The reserve fund consists of cash and investments set aside to meet unexpected or special financial obligations. It has been developed over the years by transferring budgeted amounts of money from the general account to a special reserve account. Earned interest and capital gains have been added to the reserve.

(The surplus figures shown in the annual balance sheet include cash on hand, accounts receivable, prepaid expenses, and depreciated value of land, building, furniture and fixtures. Surplus is separate from reserve and should not be confused with it.)

Reasons for a reserve

2. CDA has a reserve fund, as do most similar organizations, set aside for use in cases of unexpected misfortune, unanticipated but essential services, and capital expenditures.
3. The very existence of a reserve is an indicator of not only financial worth but general stability of the Association. Such an indicator is most advantageous in relations with groups such as government and foundations as a sound financial position has proven necessary in negotiating with such bodies.
4. A sound reserve fund also attracts prestige and public confidence, both of which are essential for effective day-to-day communication. A stable financial position is not the only measure of an organization's prestige but without it, an association's image is not likely to inspire confidence or ability.
5. As CDA membership increases, demand for membership service increases. As the dental profession becomes more deeply involved in the complexities of providing dental care with increasing public interest and participation, more outlets for creative CDA activity are needed. The income of CDA is relatively fixed, and can be changed in a significant way only by action of its ten corporate members. When an essential new or expanded service must be implemented, the reserve holds our only means of temporary financing.
6. Growth is another inevitability of this type of organization. Growth of programs and services require staff and facilities. Financial stability, as reflected through reserves, is important in attracting and maintaining competent staff. To house and equip the staff requires constant change in our headquarters building.
7. The reserve fund provides protection against expected or unexpected capital expenditures. Current high interest rates make it more economical for the Association to use its own reserves for these expenditures or as collateral for loans at a preferred rate.

Amount of reserve

8. There is no fixed rule which determines the amount of money which should be held in reserve. Only a policy decision can do this. The decision may change from time to time to fit the needs and capabilities of the Association.

EXECUTIVE Appendix F

9. Many enquiries to officers of similar organizations have elicited the consensus that a reasonable goal is between one and two times the association's annual budget. Should a specific project be planned in advance requiring major financing, transfers to reserve could be increased.

10. Annual budgets of CDA continue to increase as a result of rising costs and expanding services. If a predetermined relationship is to exist between the annual budget and the reserve, the latter cannot remain static but must increase proportionately as the budget increases.

Investment policy

11. Policies governing the investment of reserve funds should include not only safety mechanisms to prevent undue loss of value, but also provision for capital gain to offset inflationary trends.

12. The Executive Council has directed that up to \$50,000 of the reserve be held in short term investments for ready access, that up to 25 per cent of the reserve may be invested in mutual funds, and that the remainder be invested in government-guaranteed or Ontario Trustee Act-approved securities.

Accrual of reserve funds

13. Accumulation of the desired amount of reserves can be accomplished by budgeting for transfers from the general account, by retaining investment income, and by adding all or part of year-end operating surplus (if any). Budgeting for transfers from general to reserve accounts is not advisable or practical when the annual general budget is either in balance or deficit. Under these circumstances, reserve can be increased only by retaining its investment earnings and transferring year-end surplus when it exists.

Control on expenditure

14. If the CDA reserve fund is to be truly a reserve against the unexpected, and is to be an indicator of the Association's stability and prestige, it must not be used for general operating expenses. Its use must be the exception rather than the rule. Withdrawals from reserve should be restricted to instances of specific resolutions adopted from time to time by the Executive Council. Such resolutions should be limited to emergency projects which cannot be financed within the budget of the current year, and to capital expenditures.

Summary of Principles

15. CDA shall maintain a reserve account to

- (a) meet unexpected or specific financial obligations
- (b) provide evidence of financial stability
- (c) merit public confidence

16. The reserve shall be set aside for use in cases of

- (a) unexpected misfortune
- (b) unanticipated but essential services
- (c) capital expenditures.

17. The amount of reserve should be, as a minimum, 1-1/2 times the annual budget. This goal could be increased if a specific project requiring major financing were programmed.

Reference Appendix F, paragraph 17, sentence 1, it is recommended that this sentence be changed to read:

“The amount of reserve should be, as a minimum, twice the annual budget.”

ADOPTED

18. Accumulation of the desired amount of reserves shall be accomplished by one or more of the following methods, depending on the needs and financial position of the Association:

- (a) retaining investment income within the reserve
- (b) adding all or part of year-end operating surplus (if any)
- (c) budgeting for transfers from the general account.

Appendix G

ELECTION OF OFFICERS

(Ref: *Transactions* 1966:74, 12)

The by-laws of the Association direct as follows:

1. Article V, Section 5:

“It shall be the duty of the Board of Governors (1) to elect the elective officers.”

2. Article VI, Section 2. Composition:

“The Executive Council shall consist of the President, President-elect, Immediate Past President, and four other members elected by the Board of Governors from its membership . . .”

3. Article XIII, Section 2:

“The President-elect shall succeed to the office of President without other election at the next annual meeting of the Board of Governors following his election as President-elect.”

Comment:

4. While the constitution permits the nomination of any member of the Board of Governors, it is customary for the nominations committee to nominate and the Board of Governors to elect a member of the Executive Council for the office of President-elect.

5. Rotation among the corporate members and the anticipated location of the annual meeting as well as Executive Council experience have become influential factors in the choice of the candidate for the office of President-elect. While the continued consideration of these factors is recommended, it is pointed out that there is no constitutional requirement to make their observance compulsory.

6. The custom of alternating the presidency among the corporate members has served the Association well in the past but it imposes on the corporate members themselves the responsibility to recognize that their chosen representative to the Board of Governors might one day be nominated as President-elect and subsequently become President.

7. Ability to serve the Association-at-large must remain the prime factor in the selection of elective officers. It is therefore the responsibility of the nominating committee and the Board of Governors to recognize this prin-

ciple and, when the interests of the Association so indicate, to disregard other factors and to seek out the person best qualified for office.

Recommendation:

8. It is recommended that Article V, Section 5, subsection (1); Article VI, Section 2; and Article XIII, Section 2, remain unchanged.

J. P. Coupland
R. Langlois

Appendix H

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY
L'ASSOCIATION DES FACULTES DENTAIRE DU CANADA

Submission to the Canadian Dental Association, May 1967

1. On March 22, 1967, following some two years of exploratory discussions, an Association of Canadian Faculties of Dentistry/L'Association des Facultés Dentaires du Canada (ACFD) was officially established. The association represents the nine faculties of dentistry across the country.

2. The practical aim of the association, stated in a few words, is to do collectively those things which individual faculties cannot do through independent and solitary action. However, in pursuing the maxim "in unity there is strength", the founders of the association do not envisage any dichotomy developing between it and any other body which is already interested in maintaining and elevating the status of dental education and research in Canada. Certainly we anticipate only the best of relationships with the Canadian Dental Association, which can boast a long and distinguished record of interest and achievement in these areas. This concept of co-operation has indeed been a cornerstone in all our thinking to date, and the hopes for such co-operation, at least from the viewpoint of the ACFD, are perhaps best expressed in Part A of the following resolution, which was, incidentally, the first one presented at the initial meeting of the executive council of the ACFD on April 23, 1967:

The Executive Council of the Association of Canadian Faculties of Dentistry requests the Board of Governors of the Canadian Dental Association for:

- A. approval to create an official cross representation between the Association of Canadian Faculties of Dentistry and the Council on Education of the Canadian Dental Association, such representation to have full privilege of debate and discussion, but not the right to vote, and
 - B. such financial support as the Canadian Dental Association might be disposed to give for this purpose; and that the president and secretary be authorized to prepare on behalf of the Association of Canadian Faculties of Dentistry a statement bearing on the early financial requirements of this association.
3. The first reason for this submission therefore is to ask the Executive Council and/or the Board of Governors to consider Part A of our resolution.

4. When it comes to Part B, we have been advised to include herewith a brief statement on the following terms:

- (i) the proposed method of financing the ACFD in its early period,
- (ii) some idea of the amount, the timing and the purpose of any financial request made to the Canadian Dental Association at this time.

In so far as (i) is concerned, the executive council of ACFD will in the very near future be making other requests for moneys to the bodies stipulated and for the approximate amounts cited, as follows:

- (1) to the Department of National Health and Welfare for a development grant of \$20,000 to support a research officer and his office at the headquarters of the Association of Universities and Colleges of Canada (AUCC) in Ottawa. The initial functions of such an officer would include:
 - (a) identifying problems in the fields of dental education and research in Canada,
 - (b) determining the best methods of scientifically investigating such problems and hopefully of solving them (all of which lies in the future), and
 - (c) acting as a liaison between ACFD and AUCC and also between ACFD and the Association of Canadian Medical Colleges (ACMC) which incidentally shares offices with AUCC in Ottawa.
- (2) to the W. K. Kellogg Foundation for \$10,000 to support a secretary-stenographer whose office we hope may be located near that of the association's unpaid secretary-treasurer, Dr. Storey, in Toronto. Through this office would be conducted the day-to-day routine business of the association;
- (3) to the Canadian Fund for Dental Education for \$1,500 to support meetings of the executive council. Such "support" involves only the cost of travel, hotel accommodation and meals for the five-man executive. It should be noted that the Fund has already been very helpful in launching the association and acknowledgement of this is gratefully tendered.

5. Each of the foregoing applications will be made on the general basis that the amount requested will provide support for the specific activity mentioned (under each request) until at least July 1, 1968.

6. It is hoped that each member institution will provide a membership fee of some \$1,000, but assurance of this must await pending discussions on the subject within AUCC.

7. In so far as our request to the CDA is concerned, it too has a specific purpose, this being to support in part the first annual meeting of what is perhaps optimistically called the association's "House of Delegates" (i.e. two delegates from each of the nine faculties). This meeting is tentatively scheduled for September 22-23 in Ottawa and by rough estimate will involve an expenditure of from \$2,500-\$3,000, again earmarked for travel, hotel accommodation and meals only.

8. With the foregoing in mind, the second reason for this submission is to ask the Executive Council and/or the Board of Governors to consider a request for a \$2,500 grant to the ACFD, to be used to support the first annual meeting of its "House of Delegates" in September 1967.

9. We have been asked to include in this request the proviso that if this meeting of delegates is not held, the grant may be used for other purposes by ACFD before July 1, 1968, subject to approval of some proper authority within the structure of the CDA.

10. The Association of Canadian Faculties of Dentistry is well aware that the dates of its establishment and of its first executive council meeting have made this an "eleventh hour" request in so far as the CDA's budgetary planning is concerned for the next fiscal year. This is regrettable but we hope understandable. We hope simultaneously though that the request may receive the sympathetic consideration of the Canadian Dental Association, whose discreet and unobstructive concern with educational matters constitutes, we repeat, a model for other professions in this country and elsewhere.

J. W. Neilson, President
Association of Canadian Faculties of
Dentistry

Appendix I

CDA STUDENT MEMBERSHIP

1. Undergraduate dental students are showing an increasing interest in the affairs of organized dentistry. This is an interest that should be encouraged not only to satisfy the inquiring student but also to attract his early participation in the activities of organized dentistry.

2. A voluntary CDA student membership would provide an organizational structure to which interested students could belong. Through this membership, the students could be provided with information and news about their chosen profession and could have access to certain additional benefits such as group life insurance at extremely favourable rates, convention privileges, a subscription to the *Journal of the Canadian Dental Association*, and eligibility to CDA-sponsored scholarships and fellowships.

3. It is therefore recommended that the CDA establish a student membership, effective January 1, 1968 and that the following regulations apply:

Definition

4. *Student membership* — Undergraduate students at an accredited dental school in Canada are eligible to become student members. Graduate dentists who have not been licensed to practise and who have gone directly from their undergraduate program to a full academic year of advanced study at an accredited school or in a hospital program approved by the Council on Education are also eligible to become student members.

Rights and Privileges

5. Student members of the CDA should have the same rights and privileges as individual members except that they may not hold office. Each student member will receive a subscription to the *Journal of the CDA*, and is welcome to attend the scientific sessions of the Association. He will also be eligible to participate in a special student member group life insurance program sponsored by the Association.

Note: The CDA advisory committee on commercial insurance in consultation with the administrator and insurance companies would be asked to negotiate the most favourable contracts for group life insurance for student members, before a specific plan is proposed. Preliminary inquiries however indicate that it is possible, on a student membership basis, to offer a program considerably superior to similar plans now available to university students.

Dues

6. The annual dues for student members will be \$5.00 per calendar year payable to the Association through the students' council in each dental school.

General Comments

7. For the last several years complimentary copies of the *Journal of the CDA* have been mailed to all final year students in each of the Canadian dental schools. This practice will be discontinued if a student membership program is instituted. *Journals* will then be mailed only to student members who may be enrolled in any of the four undergraduate years or in certain graduate programs.

8. In 1965 the CDA made a group life insurance program available to undergraduate dental students. With the introduction of a student membership program the present insurance facility would be replaced by a preferred scheme available to CDA members only.

9. With the co-operation of the dean from each Canadian dental school it is hoped to have the dental students' organization (or similar body) act as liaison between the student members in the school and the CDA. The dental students' organization will be asked to inform the student body of the advantages of membership, collect the dues and forward same to CDA headquarters, provide the CDA records department with the names and addresses of the students, and generally co-operate with the local representative of the CDA Board of Governors and CDA's insurance administrator in promoting and advancing the program.

10. It will be the responsibility of the senior CDA Board members in the provinces with dental schools to seek the co-operation of the deans and initiate the program.

11. Membership cards, *Journals* and other mailings will be sent directly to the student members.

FUND FOR DENTAL EDUCATION

TRUSTEES: J. D. McLean, Chairman, Halifax; W. P. Munsie, Vancouver; H. W. Reid, Toronto; Mr. C. Peirce, Toronto; L. P. Lepine, Montreal.

REPORT

(comments and action in **bold face type**)

1. The Trustees of the Canadian Fund for Dental Education again wish to acknowledge the privilege accorded by the Board of Governors of the Canadian Dental Association in allocating time in their busy schedule for the presentation of the following report.
2. The continued interest and financial support of the Canadian Dental Association is also acknowledged with gratitude.
3. The Board of Trustees of the Canadian Fund for Dental Education held its 5th annual meeting at the headquarters of the Canadian Dental Association on March 16-17, 1967. All of the Trustees were present, and welcomed the attendance of the Secretary of the Canadian Dental Association and the Editor of the *Journal of the Canadian Dental Association* throughout the meeting. 1966 was another year of progress for the Fund, there being an increase in receipts over the previous year by approximately sixty per cent. Not only the dollar value but the number of individual contributions from dentists was significantly higher than in any previous year. The total of gifts from companies was also larger than in former years, but there was some slight decrease in the magnitude of donations by dental associations. A copy of the financial statement is attached to this report as Appendix A.
4. The Trustees wish to signify their sincere appreciation for the careful study and advice of the selection committee which reviews and makes recommendation on Teacher Training Fellowships.
5. Dean J. W. Neilson as chairman of this committee fortuitously was present to give his report in person on behalf of the other members, Dr. W. H. Feasby and Dr. W. G. Campbell, both of Winnipeg.
6. Teacher Training Fellowships for the current year were awarded to:
 - Dr. M. D. Jones, Edmonton, Alberta — to enable him to pursue graduate studies in Prosthodontics at Indiana University;
 - Dr. Denis Carpentier, Montreal, Quebec — to enable him to pursue graduate studies in Oral Pathology at Indiana University;
 - Dr. A. H. Ervin, Halifax, Nova Scotia — to enable him to pursue graduate studies in Prosthodontics at Ohio State University;
 - Dr. J. P. Sapp, Halifax, Nova Scotia — to enable him to pursue graduate studies in Oral Pathology at the University of Michigan;
 - Dr. Gordon Williams, Montreal, Quebec — to enable him to pursue graduate studies in Periodontics at Boston University;
 - Dr. J. G. Blackmer, Saint John, New Brunswick — to enable him to complete studies in Public Health at the University of Michigan;
 - Dr. Kenneth Wright, Toronto, Ontario — to enable him to continue graduate studies in Periodontics at the University of Toronto;

FUND FOR DENTAL EDUCATION

— in addition an unencumbered grant of \$500 was again awarded to each of the Canadian dental schools.

7. Regretfully the Fund was not able to accede to all of the requests submitted to it, nor indeed, in those cases where grants were made, were we able to provide anything like the full amount required. This indicates not only that the Fund is most useful but much more can be done as soon as additional resources are available to it.

8. The public information committee presented a program of activities for the current year. It was agreed that November 1967 be declared Canadian Fund for Dental Education month and the Editor of the *Journal of the Canadian Dental Association* offered editorial support for this project which it is hoped will provide further stimulus and interest in the activities of the Fund.

9. With great regret, it was agreed to accept the resignation of Mr. Ken Croft who, through the kindness of your Association, has acted as Secretary of the Fund since its inception. Mr. Croft provided an extremely valuable service and his contribution to the success of the Fund “always went far beyond the call of duty”.

10. The Trustees wish to express their appreciation to Dr. W. G. McIntosh who agreed to become the Acting Secretary of the Fund until such time as a suitable replacement could be found.

11. The Board authorized the Vice-Chairman, Mr. Charles Peirce, and Dr. Reid to negotiate in the appointment of a permanent successor to Mr. Croft. It is a delight to announce that their efforts have been extraordinarily successful. To take effect from the 1st June, 1967, Mr. D. M. McDonald has agreed to become the Executive Director of the Fund. Initially his duties will be divided equally to the work of the Fund, and to service for the Canadian Dental Association. The Fund will be responsible for Mr. McDonald's full salary, and the Canadian Dental Association has agreed to provide the necessary office accommodation. The Trustees hope that this will prove to be an extremely happy arrangement for all three parties involved, on an interim basis, it being understood that as soon as conditions warrant it, the full-time activities of Mr. McDonald will be devoted to the Fund.

12. Mr McDonald is about to retire after 32 years with a well-known Canadian company. He has served in many capacities with the firm, of which he has been a Director since 1948. He has been the Secretary, Secretary-Treasurer and from 1960 to the present time its Vice-President and Treasurer. Mr. McDonald is a Fellow of the Chartered Institute of Secretaries. His extra-curricular activities have been concerned with various voluntary agencies such as the Toronto United Appeal, of which he was a Section Chairman in 1966. He has travelled extensively in all ten provinces of Canada, the United States, Europe and the British Isles. Mr McDonald brings a warm personality and a high degree of knowledge and skill to his new position, which it is hoped will lead to a highly and mutually satisfactory association in the development of the Fund.

13. Attached as Appendix B is a copy of the anticipated budgetary expenditures for 1967, totalling \$35,000.

14. From the foregoing it will be apparent that the Fund is about to embark on a new phase in its life. The additional assistance and guidance should enable

FUND FOR DENTAL EDUCATION

it to move forward with renewed vigour in its efforts to assist in the fulfilment of the many requirements of Canadian dental education for which support cannot be found from the usual sources of assistance.

15. In conclusion, Mr. Chairman, the Trustees again express their appreciation and cordially invite any suggestions which the Governors and other members of the Canadian Dental Association may wish to offer so that the Board may be guided in determining the best possible use to which contributions can be placed.

The following motion from the floor was proposed by Munsie, seconded by MacLean:

Moved that M. J. Lipkind, Calgary, be appointed a Trustee of the Canadian Fund for Dental Education.

ADOPTED

Appendix A

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1966

Receipts

Donations			
Dental organizations	\$ 7,605		
Dental profession	5,581		
Companies	16,819		
In memoriam	1,697	\$31,702	
Interest			
Guaranteed investment certificates	1,156		
Bonds	1,524		
Bank	268	2,948	
Christmas cards		191	\$34,841

Disbursements

Grants			
Fellowships	5,750		
Universities	4,000		
Canadian Association of Dental Deans	1,000	10,750	
Trustees expenses	539		
Printing expenses	4,560		
Office supplies and expenses	609		
Exchange and bank charges	373	6,081	16,831

Excess of receipts over disbursements for year			\$18,010
Funds on deposit and invested, December 31, 1965 ..			56,888
Funds on deposit and invested, December 31, 1966 ..			\$74,898

FUND FOR DENTAL EDUCATION
Appendix A

Consisting of				
Cash				255
Bonds	<i>Par Value</i>	<i>Market Value</i>	<i>Cost</i>	
Government of Canada				
5% July 1, 1969	\$10,000	\$ 9,880	\$ 9,987	
5% June 1, 1971	5,000	4,850	5,019	
Province of Ontario				
5¼% April 15, 1984	10,000	9,000	9,762	
Hydro-Electric Power Commission of Ontario 5% October 15, 1978 ..	5,000	4,475	4,875	\$29,643
	<u>\$30,000</u>	<u>\$28,205</u>		
Guaranteed investment certificates				
The Royal Trust Company				
6% maturing August 17, 1967			5,000	
6% maturing September 12, 1967			10,000	
6% maturing September 13, 1967			5,000	
6% maturing December 11, 1967			5,000	
6% maturing December 21, 1967			10,000	
6% maturing December 29, 1967			10,000	45,000
				<u>\$74,898</u>

Appendix B

BUDGET

<i>Estimated Expenditure 1967:</i>	
Grants	\$20,000
Public Information Committee	3,000
Administration	9,000
Office supplies and expenses	1,800
Bank charges and exchange	450
Meeting expenses	600
Audit fee	150
	<u>\$35,000</u>

HEADQUARTERS PROPERTY

MEMBERS: G. V. Fisk, Chairman, Toronto; J. Kreutzer, Toronto; R. A. Clappison, Toronto.

REPORT

(comments and action in **bold face type**)

1. As heretofore, the activities of this year's Headquarters Property Committee have been concentrated on the maintenance of your headquarters property in a high state of repair and the utilization of the space to the best possible advantage.

Repairs and Maintenance

2. A detailed inspection of the building on February 9, 1967 indicated repairs and maintenance needs and revealed obviously overcrowded storage areas which resulted in authorization of expenditures up to the limit of the amount in this year's budget. It anticipated that these will be completed by the Convention date.

Additional Office Space

3. When required, limited additional office space can be provided in the unused area on the third floor of the new building at minimum cost by the installation of movable partitions. In this connection your Committee will be constantly looking ahead to provide increased facilities for the expanding activities of the Association.

Property Evaluation

4. During the summer a copy of this report was mailed to each member of the Committee. It was reviewed at a subsequent meeting and is on file at headquarters for the perusal of any interested member of the profession. One statement from the report is pertinent: "Your Association is established in accommodation that adequately serves your purpose at an annual cost below market level."

5. Your Committee would be remiss if it did not draw to your attention the rising costs of maintaining your headquarters property.

6. A cordial invitation is extended to members to visit your headquarters building during the forthcoming national convention.

At the request of the chairman of the Headquarters Property Committee, it is recommended that paragraph 7, reading as follows, be added to the report:

"To the members of the Committee and to Dr. McIntosh and the members of the CDA staff, we wish to extend sincere thanks."

ADOPTED

The report of the Headquarters Property Committee is informative. Commendation and appreciation are due the chairman and his Committee for their efforts in maintaining the CDA headquarters in good repair.

Moved by Brouillet, seconded by Purves:

That the report of the Headquarters Property Committee be adopted as amended.

ADOPTED

MEMBERS: *A. S. Brown, Chairman, Toronto; J. A. Pedler, Toronto; F. E. Dawe, St. Catharines; P. T. Smylski, Toronto; A. E. Swanson, Vancouver; J. C. Cummings, Ottawa; A. Raymond, Montreal; A. J. Harris, London.*

REPORT

(comments and action in **bold face type**)

1. During the year, the Committee held four meetings, one of which was an all-day meeting.
2. The Committee dealt with approximately forty pieces of correspondence.
3. Considerable time was spent drafting a questionnaire for a survey of dental services in hospitals. A letter will also be written to the provincial hospital services committees asking them for information on the status of hospital dentistry in their provinces.
4. The Committee prepared a new brochure, *Guidelines for Hospital Dental Services*, which we hope to have published. The revised draft is submitted for your approval. (Appendix A)

ADOPTED as amended

5. The Committee established unofficial liaison with the Ontario hospital services committee whereby our chairman attends their meetings as an observer.
6. This Committee applied for associate membership in the Canadian Hospital Association. Our application for membership has been approved by the CHA's Directors. Upon the request of the CHA, a brief was submitted to the CHA aims and objectives committee.
7. We initiated a table clinic on hospital dental services for the up-coming joint Convention.
8. We have continued to provide the provincial hospital services committees with our minutes hoping to stimulate them to activity.
9. The Committee approved the dental service at The Children's Hospital of Winnipeg.
10. This Committee wishes to go on record as recognizing the tireless efforts of Mrs. Isabel Brown.

Recommendations

11. This Committee recommends that there be a continuation of our plans to formulate a method for inspecting and assessing hospital dental services and periodically reviewing approved services.
12. This Committee recommends the approval of our revised *Guidelines for Hospital Dental Services*. We hope that these guidelines will embody our criteria for the planned reassessment of hospital dental services across the country.
13. We recommend finalization of our questionnaire for the survey of dental services in hospitals.
14. We recommend to future chairmen the utilization of the full Committee to the greatest possible degree.

HOSPITAL SERVICES

The report of the Hospital Services Committee shows that good progress has been made this year. The Committee should be congratulated on a very progressive report and especially on its co-operation with The Canadian Hospital Association and with the Corporate members.

Moved by Edgecombe, seconded by Mussells:

That the report of the Hospital Services Committee be adopted as amended.

ADOPTED

Appendix A

GUIDELINES FOR DENTAL SERVICES IN HOSPITALS

(comments and action in **bold face type**)

INTRODUCTION

1. The purpose of *Guidelines for Dental Services in Hospitals* is to provide hospitals, chiefs of dental service and dentists interested in the organization and conduct of dental services in hospitals with broad, general principles acceptable to the Canadian Dental Association. It is hoped that these guidelines will assist hospitals in developing acceptable dental service programs and satisfactory administrative patterns for departments of dentistry. The Hospital Services Committee will refer to the criteria provided in this publication when evaluating and accrediting dental services in Canadian hospitals.

DEFINITIONS

2. The following are definitions of terms used in this publication:

Dental Service

3. This term may refer to either a department of dentistry or a dental section of the department of surgery.

Dental Staff

4. This term refers to the group of dentists privileged to practise in a particular hospital. This is used as a generic term analogous to the "paediatric staff" or the "surgical staff" and encompasses the various categories of staff outlined under "Categories" in paragraph 31. The dentists are members of the department of dentistry or the dental section of the department of surgery.

5. Where hospital dental services are extensive, they should be organized into a department of dentistry coequal with other major departments and the term "dental staff" used.

6. Where hospital dental services are minimal or confined largely to oral surgery, they are usually conducted as a section of the department of surgery coequal with the other surgical specialties; the term "medical staff" is retained in this case. The by-laws should state that, wherever the term "medical staff" appears, it includes the dentists on the staff as well as the physicians.

Clinical Staff (or Simply "Staff")

7. This term refers collectively to all members of the medical and dental staffs.

HOSPITAL ORGANIZATION

8. Following are the divisions of hospital organization:

Board of Governors — Trustees

9. The governing body is ultimately responsible for everything involved in the operation of the hospital. It establishes broad objectives and the scope of services to be offered. It has authority for final policies, by-laws, rules and regulations established for the operation of the hospital, including those pertaining to medical and dental care as well as those pertaining to administration. It makes all appointments to the medical and dental staff. The governing authority is represented within the hospital by a chief executive officer who is responsible for the execution of all policies established by the governing authority. In so far as is legally and morally possible, the governing body delegates the responsibility and necessary authority for medical and dental care and appraisal activities to the clinical staff, and that for internal operations to the chief executive officer of the hospital. The board, through a reporting mechanism, determines whether these delegated responsibilities are being satisfactorily carried out.

Administration

10. The hospital administrator, as chief executive officer of the hospital, is responsible to the governing body for the over-all operation of the hospital.

Clinical Staff

11. The clinical staff consists of a group of physicians and dentists who have qualified for the privilege of membership. Final approval of appointment to the staff rests with the governing body.

12. Meetings of the clinical staff should be held on a regular basis. The primary objective of staff and departmental meetings is improvement in the care and treatment of patients in the hospital. To make provision for adequate evaluation of clinical practice, any one of the following three methods will suffice:

- (a) Monthly meetings of the active staff.
- (b) Quarterly staff meetings and monthly departmental conferences in those hospitals where the clinical services are well organized and each department is large enough to meet as a unit. Clinicopathological conferences may be submitted for a departmental conference provided the clinical work is adequately reviewed by one or another of such conferences.
- (c) Quarterly staff meetings and monthly meetings of the records and audit committees in which the quality of medical and dental care is adequately appraised, with subsequent monthly review by the executive committee and reports to the active staff at its quarterly meetings.

Committees

13. The complexity of committee organization depends on the size and composition of the staff of the individual hospital. A small staff may function as a committee of the whole. Others may combine all committee functions into two or three committees. So long as the required functions are carried out, the structure of committee organization is a decision made by the staff and ratified by the governing body. These functions are:

Executive

The executive committee co-ordinates the activities and general policies of the various departments, acts for the staff as a whole under such limitations

HOSPITAL SERVICES

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as the staff may impose, and receives and acts on the reports of the records, audit, and such other committees as the staff may designate. The executive committee normally meets at least once a month and maintains a permanent record of its proceedings.

Credentials

The credentials committee investigates and reviews the qualifications of dentists and physicians for appointments, re-appointments and privileges. It is not a disciplinary body. It is desirable to have a dental credentials sub-committee of the credentials committee to review dental staff applications, appointments and privileges.

Joint Conference

Matters of concern to both the governing body and the medical staff are dealt with by joint meetings of the executive committees of both bodies. This provides a primary means of liaison with the staff, governing body and administration.

Medical Records

The medical records committee supervises and appraises the quality of medical records and ensures their maintenance at the required standard. The committee meets at least once a month and submits to the executive committee a report in writing that is made a part of the permanent record.

Audit

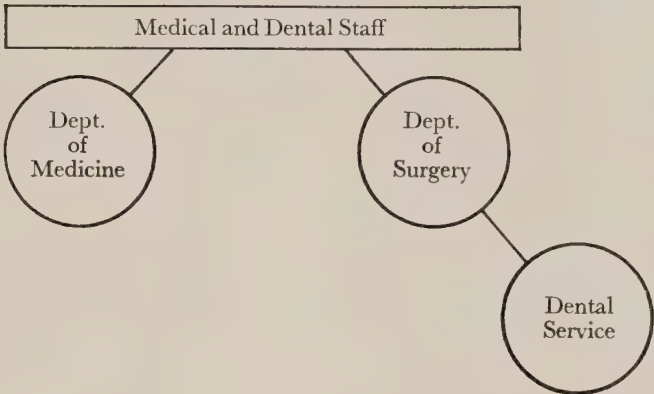
The audit committee reviews and reports to the staff, or to the executive committee of the staff, on the agreement or disagreement among the pre-operative, post-operative, and pathological diagnoses and on the acceptability of the procedure undertaken. This study includes those procedures in which no tissue was removed. A written report on each meeting is made to the executive committee.

Accreditation

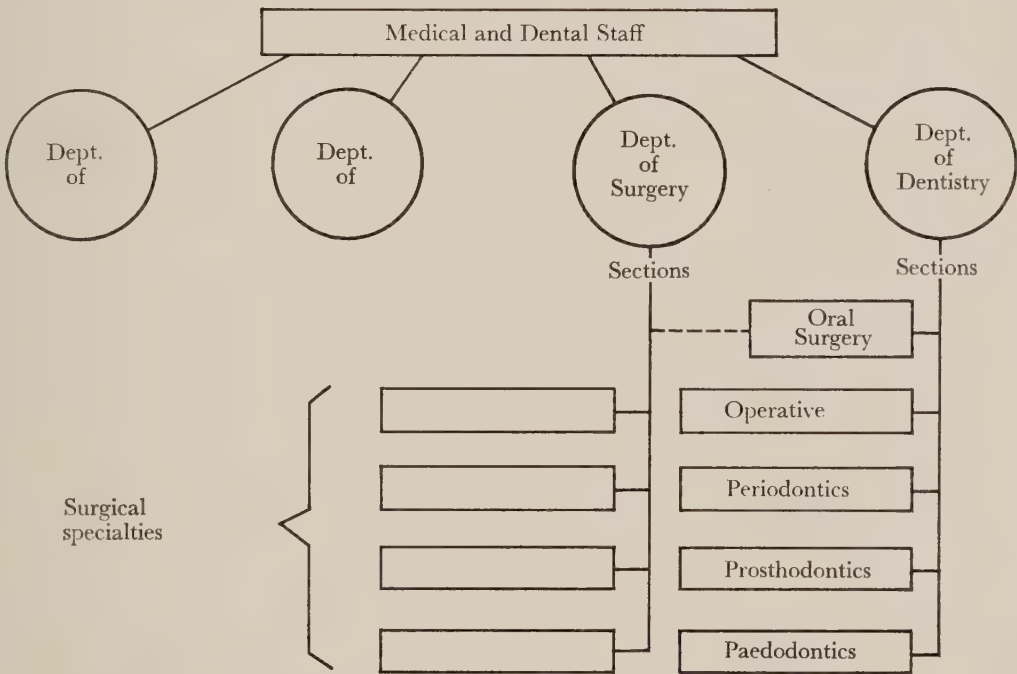
According to the Accreditation Guide Number Four of the Canadian Council on Hospital Accreditation, each hospital should assign to one of its standing committees the responsibility of keeping the medical and dental staff informed of the standards and policy statements of the accreditation program and its members advised of the accreditation status of the hospital.

DENTAL SERVICE IN RELATION TO STAFF ORGANIZATION

14. The name of the dental service should be similar to that of other services of the hospital. In smaller hospitals and in those hospitals where the principal activity of the department of dentistry is oral surgery, this service may be organized as a section of the department of surgery coequal with other surgical specialties. When expansion of dental services is contemplated, however, it is desirable that the by-laws establish an organizational structure that may be expanded from time to time to include more comprehensive dental services. The illustration depicts the organizational patterns of medical and dental staffs most commonly found in hospitals.



SMALL HOSPITAL



LARGE HOSPITAL

Organizational patterns of medical and dental staffs found in hospitals.

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Appendix A

THE DENTAL SERVICE

15. A more detailed description of the dental service and its duties follows:

Responsibilities

16. The governing body of the hospital delegates the responsibility for patient care and for making recommendations on the professional qualifications of staff physicians and dentists who may practise in the hospital. The dental service, in turn, is responsible to the governing body through the medical and dental staff for the quality of dental care and treatment in the hospital

17. Maintaining high standards of dental care will depend upon the character of the staff and the effectiveness of its organization in carrying out the following duties:

- (a) Establishing the rules and regulations for the conduct of the department.
- (b) Selection of those recommended for dental staff appointments and hospital privileges.
- (c) Frequent analysis and review of the clinical work done in the hospital.
- (d) Support of hospital, medical and dental staff and department of dentistry policies.
- (e) Maintenance of adequate records.
- (f) Holding necessary consultations.

Functional Areas

18. The department of dentistry should operate on the basis of the following functions:

— Administrative

. . . conducting the affairs of the department of dentistry in accordance with the established policies of the hospital.

— Consultative

. . . acting in a consultative capacity, through customary channels, on all problems related to the dental health of the patient. Included in consultations are those required under the rules of the clinical staff.

— Clinical

. . . rendering professional services to the patients in accordance with the concepts of modern scientific dentistry and periodic evaluation of patient care.

— Educational

. . . providing training for junior staff members in clinical diagnosis, consultations, restorative and surgical procedures and operating room practices; participating actively in the educational program of the hospital; orienting the medical and dental staff in the problems of oral health as they relate to the total health care of the patient; engaging, when facilities permit, in the teaching of undergraduate students and of graduate and post-graduate students who are preparing themselves, either as interns or as residents, for the practice of one of the specialties; and providing an educational program for dental hygienists, dental assistants and both student and graduate nurses.

Internal Organization

19. In teaching hospitals and other large hospitals, the functional division of the

medical and dental staff into more than minimal departments or services is frequently desirable. In these instances, the organization of the department of dentistry should be comparable to that of other departments of the hospital. The department of dentistry should be organized into sections to conform to the areas of the recognized dental specialties, so far as is consistent with the available staff facilities and the needs of the community. The section on oral surgery should be administered as a section of the department of dentistry, co-equal with the other specialties of surgery and having full consultative and advisory relations with the department of surgery.

20. The chief of the dental service should be responsible for the conduct of the dental service and the quality of the professional care of patients on his service. He should be selected for his training, experience and executive ability. He should be designated by a title comparable to that of the chiefs of other services and should have the same privilege of appointment to the executive committee or medical advisory board as do the chiefs of other services. His duties also include making recommendations to the administration on the planning of hospital facilities, equipment, routine procedures and any matter concerning dental patient care.

Services Provided

21. The extent of dental care provided for the hospital patient will vary with the size of the hospital, the type of hospital and the type of service rendered by the hospital. It should be as comprehensive as is practicable. In accordance with local needs and facilities, the dental service should develop programs in areas such as paediatric dentistry, dental radiology, oral pathology, oral surgery, periodontics and restorative dentistry.

Department Conferences

22. The department of dentistry should have frequent, periodic conferences to consider clinical problems of the service. Records of these meetings must be kept as part of the permanent record of the dental service and should be available for inspection.

23. The frequency of department of dentistry meetings should be determined by the active staff and clearly stated in the by-laws. The requirements for each member of the staff and for the total attendance at each meeting should be clearly stated in the by-laws of the staff. Records of attendance shall be kept.

Staff Membership: Qualifications of Dentists

24. All dentists who are appointed to the staff or are granted privileges in a hospital should have qualifications based on education, experience and demonstrated competence. Further, they should be:

- (1) In possession of qualifications recognized for licensure in the province in which the hospital is located.
- (2) Worthy as to personal character and professional ethics. Guidance on this subject is provided by the Code of Ethics of the Canadian Dental Association.

Reference Appendix A, paragraph 24,

It was moved from the floor that the words “excepting interns and residents” be added as a qualifying clause to the first sentence of paragraph 24, Appendix A. The

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sentence would then read: "All dentists, excepting interns and residents, who are appointed to the staff or are granted privileges in a hospital should have qualifications based on education, experience and demonstrated competence."

ADOPTED

The following motion is proposed:

Moved that paragraph 24, Appendix A, subsection (1) be amended by the addition of "and in addition be a graduate of a dental college."

DEFEATED

25. Staff dentists who engage in the practice of one of the specialties of dentistry recognized by the Canadian Dental Association should meet the requirements of the licensing authority of the province in which they practise.

APPLICATIONS, APPOINTMENTS AND PRIVILEGES

Application for Staff Membership

26. Application for membership on the staff should be presented to the hospital administrator on the prescribed form, stating the qualifications and references of the applicant. Applicants should be required to signify their agreement to abide by the by-laws, rules and regulations of the staff.

Procedures for Appointment

27. Procedures for appointment are, in general, the same for dentists as for physicians. Although the specific procedures may vary depending on the desires of the governing body and the staff, in the majority of hospitals a procedure similar to the following is used: The administrator transmits the application to the secretary of the staff who presents it to the staff at its next meeting. It is referred immediately to the credentials committee and, through it, to the dental credentials sub-committee which investigates the applicant's character and qualifications and reports to the credentials committee which will, in turn, report to the medical and dental staff at its next meeting. The staff notes the credentials committee report and makes a recommendation to the governing body which takes final action on the appointment.

Granting of Privileges

28. Dentists are granted privileges on an individual basis commensurate with their education, experience and ability. Privileges should not be made dependent solely upon certification, fellowship or membership in a specialty body or society.

29. In processing dental applications for recommending privileges, the credentials committee of the staff should have the benefit of consultation with and recommendations from the dental staff or its duly nominated representatives. Whatever method is decided upon should be defined in the staff by-laws. Where no dental credentials sub-committee exists, applications are usually referred to either the chief of the department of dentistry or a dental member of the staff credentials committee. The rules of the department of dentistry should state the intradepartmental procedure to be followed in arriving at the recommendation that is referred back to the credentials committee.

Term of Appointment

30. Appointment is made for one year or until the next annual meeting of the staff, immediately prior to which the credentials committee will have reviewed

the records, qualifications and privileges of all staff members and made its recommendations. The staff then makes recommendations on all members to the governing body which takes appropriate action on reappointments.

Categories

31. Following are the categories of appointment.

— Active Staff

The active staff has the responsibility for conducting the business of the staff. In most hospitals, only active staff members are eligible to vote and hold office. Regardless of any other categories having privileges in the hospital, there must be an active staff. Dentists should be eligible for appointment to the active staff and should perform all the organizational duties pertaining to such appointment.

— Consulting Staff

The consulting staff in most hospitals is composed of recognized specialists willing to serve in such capacity. A member of the consulting staff may also be a member of the active staff. A consultant must be well qualified to give an opinion in his specialty field. The status of consultant is determined by the dental staff on the basis of an individual's education, experience and demonstrated competence.

— Associate Staff

The associate staff comprises members who use the hospital infrequently or less experienced members undergoing a period of probation before being considered for appointment to the active staff.

— Courtesy Staff

The courtesy staff is made up of members who desire to attend patients in the hospital, but who, for some reason not disqualifying, are ineligible for appointment to another category of the staff.

— Honorary Staff

The honorary staff is composed of former active staff, retired or emeritus, and other dentists of reputation whom it is desired to honour.

— Interns and Residents

Dental interns and residents should be graduates of an accredited dental school and conform to the provisions of the dental practice act and the rules and regulations of the provincial licensing authority regarding dental interns and residents.

CO-ORDINATION OF SERVICES, FACILITIES AND PROCEDURES

32. Relations between the dental service, hospital administration and the clinical staff involve numerous mutual responsibilities. Among these are:

Admission of Dental Patients

33. Patients requiring dental treatment should be admitted by a dentist on the active dental staff of the hospital in association with a physician on the active medical staff. Dentists admitting patients should be held responsible for giving such information as may be necessary to assure the protection of other patients from those who are a source of danger for any reason whatsoever. On all admissions, a medical history and physical examination by a physician and a laboratory workup must be performed according to hospital by-law requirements.

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Care in Hospital

34. A physician who is a member of the active staff shall be responsible for any medical care required by the dental patient in the hospital. General anaesthesia for dental patients shall be arranged by the department of anaesthesia or, where no such department is organized, by the chief of dental service making arrangements with professional personnel having appropriate anaesthetic privileges in the hospital.

Consultations

35. A satisfactory consultation includes examination of the patient and the record. Consultation is appropriate in all situations in which (1) the patient is not a good risk; (2) diagnosis is obscure, or (3) there is doubt as to the best therapeutic measures to be used. The consultant should make and sign a record of his findings and recommendations in every such case. The consultation note, except in emergencies, shall be recorded before definitive treatment.

Requests for Consultation

36. The patient's dentist is responsible for requesting consultations when indicated. It is the duty of the hospital staff through its chiefs of service and executive committee to make certain that members of the staff do not fail in the matter of requesting consultations as needed.

Records

37. Careful records of all histories, physical examinations, diagnoses and therapeutic and operative procedures should be kept on charts in accordance with the standard procedure of the hospital. Special clinical records may be useful as an aid in clinical research.

Conferences and Meetings

38. The members of the department of dentistry should be encouraged to attend and participate in general staff conferences and meetings. The dental staff should be encouraged to attend clinicopathological conferences and other meetings that will enhance the understanding of medical problems related to the dental service.

Research

39. Research and investigation should be encouraged, and the hospital should make every effort to provide needed assistance and support.

Library

40. An adequate selection of dental books and periodicals should be available to the hospital.

Physical Equipment

41. The physical facilities provided for the dental service and the equipment, instruments and supplies of the service should be commensurate with the needs of the hospital.

Availability of Hospital Beds

42. Hospital beds should be available to the dental service in the same manner as to other services of the hospital.

Relation to School of Nursing

43. If the hospital maintains a school of nursing, it is desirable for members of the dental service to participate in the education of student nurses in the fundamental principles and practical knowledge of dental health as well as in dental problems and procedures that will be encountered in the hospital.

BY-LAWS, RULES AND REGULATIONS

44. In most hospitals having dental services, four documents will be found that relate to the authority for conducting dental services and the regulation of their operation. In establishing a dental service, the first three of these documents, where applicable, should be studied to determine what changes need to be made, and the fourth will need to be drafted. The four documents are:

Hospital By-laws

45. These should be changed where necessary to provide the basic authority for the practice of dentistry in the hospital and the membership of dentists on the clinical staff. For the most part this can be done by adding the words “dental”, “dentist” and “dental service” as required.

Staff By-laws

46. All registered hospitals must have an organized clinical staff governed by by-laws adopted by the staff and approved by the governing authority of the hospital. These by-laws will require a number of changes when a dental service is being established or when an organizational change with expansion of the dental service is being planned. By-laws not in conflict with the principles and standards established by the Canadian Council on Hospital Accreditation should be adopted; material in the previous sections of this manual will provide additional guidance. It is recommended that wherever possible the various articles of the by-laws be rewritten to apply alike to medical and dental services, physicians and dentists, and all departments inclusive of the department of dentistry. In order to permit proper functioning of the dental service, however, it may be necessary to carry in a separate article, by-law provisions relating solely to dental service. In some larger hospitals and in teaching hospitals with highly organized services, it is advisable to produce a separate and distinct set of dental by-laws.

Staff Rules and Regulations

47. This document contains the regulations and standard procedures for the entire clinical staff. It is considered to be a part of or an appendix to the staff by-laws and must be approved by the governing body. When the rules and regulations are changed to cover dental services, it is recommended that wherever possible each regulation regarding patients, procedures and records be written to apply equally to both departments of medicine and dentistry. There will be a few subjects of special applicability to the dental service that will need to be dealt with in separate regulations.

Department Regulations

48. Hospitals having or establishing dental services will need a set of rules consistent with the staff rules and regulations for the intradepartmental conduct of the service. In most hospitals these require the approval only of the staff or

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its executive committee. These regulations should be written to cover generally the same matters as those of the other clinical departments.

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ACKNOWLEDGEMENT

Excerpts from and adaptations of the copyrighted American Dental Association publication *Guidelines for Hospital Dental Services* reprinted with permission.

MEMBERS: J. M. Phillips, Chairman, Oshawa; J. A. Fortier, Montreal; H. H. Canning, Toronto; J. R. Glenney, Toronto; R. Coulombe, Lachine; K. I. Levinson, Toronto.

REPORT

(comments and action in **bold face type**)

Your Council on Journalism begs to report the following highlights of the year's activities.

1. Despite the usual financial limitations, 1966 was another successful year for the *CDA Journal*. The total number of copies published increased from 85,219 in 1965 to 88,392.
2. The Council would like to recognize the great contribution made by the previous chairman, Dr. J. D. Purves, to the success and growth of the *Journal*. The Council welcomes two new members this year in the persons of Dr. R. Coulombe of Lachine, P.Q. and Dr. K. I. Levinson of Toronto.
3. Two or three complaints were received over the year from members about the mailing of the *Journal* without an envelope in 1966. Due to the \$1,200 saved by this method of mailing, Council felt that the present system should be continued.
4. The projected *Journal* revenue for 1968 will be \$82,000 and the expenses are estimated at \$75,800. The excess of revenue over expenditures is treated as a contribution toward the administrative expenses connected with the *Journal*.
5. Council agreed with the increase in subscription rates to non-members of CDA (from \$5 to \$7 per year) effective January 1967. This increase was felt to be reasonable since the last one occurred in 1955 (from \$3 to 5).
6. Dr. Pelletier, having been asked by the Executive Council for recommendations concerning the production of the French content of the *Journal*, made an excellent report to the Council on Journalism. Dr. Pelletier's recommendations were designed to speed up and simplify the translation service. They were approved in principle and means of implementing them are now being investigated.

The Board notes that steps have been taken to put Dr. Pelletier's proposals into operation for a trial of one year, beginning in June 1967.

7. The report of the Editors appears as Appendix A.

The report of the Council on Journalism is informative and encouraging. The *Journal of the Canadian Dental Association* is enjoying a high stature among professional publications and this is due to the good services rendered by the Editor, Dr. F. H. Compton, and the Associate Editor, Dr. G. Pelletier.

The Board wishes to express its sincere appreciation to Dr. J. D. Purves, the previous chairman of the Council on Journalism, and to Dr. E. W. R. Bilkey for their contribution to the *Journal*.

Moved by Spence, seconded by Siegel:

That the report of the Council on Journalism be adopted as amended.

ADOPTED

REPORT OF THE EDITORS

1. The monthly circulation of the *Journal* in 1966 averaged 7,187 and a monthly average of 179 copies was distributed on an exchange basis. This entailed the printing of 88,392 copies during the year.
2. The material published during 1966 is shown in the accompanying table. The *Journal* contained 66 articles of all categories which occupied 339 pages. The editorial pages numbered 40-1/2 and contained 28 individual editorials. Thirty-seven new textbooks were reviewed in the *Journal*.
3. Seventy-three per cent of the text content was printed in English and 27 per cent in French. The average issue contained 63 pages of text. Total text occupied 757 pages, a 10 per cent reduction from the 840 pages printed in 1965. This reflects a retrenchment necessitated by increased printing charges and reduced advertising revenue forecast a year ago. Fortunately, advertising recovered sufficiently in November and December to transform an anticipated gross revenue-expenditure loss into a modest profit (Table 2). This gross revenue-expenditure excess is treated as a contribution toward administrative expenses connected with the *Journal*.
4. In view of rising production costs the Council on Journalism approved an increase in the subscription price from \$5 to \$7 effective January 1, 1967. The previous subscription price had been in effect since April 1, 1955.
5. Last year, at the direction of the Council, we discontinued the practice of mailing the *Journal* in envelopes, substituting addressed labels instead. The saving effected thereby amounted to \$1,200. As the Editor received only two written complaints from individuals who preferred the earlier method of mailing, the Council recommended that the new system be continued.
6. At Council direction, the management of death notices was altered last year to eliminate publication delays. Abbreviated notices are now published as soon as notification of a member's death is received by the editorial department. Appreciation are also published in the 'In Memoriam' section as space permits.
7. The special symposium on radiology, which appeared in June 1966, proved very popular. Other articles were also well received as evidenced by frequent requests for reprints and by the number of abstracts of *Journal* articles observed in foreign publications. It is evident, therefore, that a contributor to the *Journal of the Canadian Dental Association* need not fear that his work will not be read in other countries.
8. Last year Dr. Pelletier reported that his editorial duties require more time than can be devoted by a full-time practitioner. The Executive Council requested Dr. Pelletier to recommend methods for alleviating this difficulty. In February, Dr. Pelletier submitted a proposal to transfer to Toronto the preparation and production of French text other than articles and editorials. Under this arrangement Dr. Pelletier retains responsibility for French editorials, acts as consultant for French articles, supervises all French text and participates in editorial policy decisions. This proposal received approval in principle from the Council on Journalism and the Executive Council.

9. The Editor co-operated with a British publication, *The Dental Magazine and Oral Topics*, in procuring and preparing articles and illustrative material for a special edition in honour of the centennial of Canadian Confederation. This project was sparked by a request relayed to the Canadian Dental Association through Dr. R. G. Ellis.
10. Production of the *Governors Letter* became a responsibility of the editorial department last year. Regular monthly publication of this popular newsletter was resumed in October 1966.
11. Finally, we again acknowledge our indebtedness to our editorial advisers and to others who contribute to various sections of the *Journal*.

Georges Pelletier, *Associate Editor*
F. H. Compton, *Editor*

Table 1. Content of the *Journal of the Canadian Dental Association* during 1966.

Features	ITEMS			PAGES		
	Eng.	French	Com- bined	Eng.	French	Com- bined
Original articles	51	5	56	300	36½	336½
Annotations	1		1	½		½
Abstracts	9		9	2		2
Editorials	17	11	28	24¾	15¾	40½
Bureau-Committee- Council reports	15	14	29	41⅜	40⅝	82
News				113½	84½	198
Correspondence	41	4	45	22⅛	1⅜	23½
Book reviews	36	1	37	16½	¾	17¼
Death notices				5½		5½
Additions to the library				6¼		6¼
Conventions				6	6	12
CDA Retirement Savings Plan				2½	2½	5
Income tax	1	1	2	3½	3½	7
Special contributions	4	2	6	7½	3½	11
Annual index				8	2	10
Total editorial matter				560	197	757

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Table 2. Gross revenue and expenditure — *Journal of the Canadian Dental Association*.

	1963 Actual	1964 Actual	1965 Actual	1966 Actual	1967 Estimated	1968 Estimated
Revenue						
Advertising, subscriptions	69,758	67,746	75,614	75,629	74,300	82,000
Expenses						
Production, commissions	64,834	64,091	70,994	70,500	73,650	75,800
Gross Profit*	4,924	3,655	4,620	5,129	650	6,200

* Gross profit is treated as a contribution toward administration expense connected with the *Journal*.

MEMBERS: A. H. Crowson, Chairman, Ottawa; J. A. Whyte, Ottawa; M. M. Derrick, Ottawa.

REPORT

(comments and action in **bold face type**)

1. Registrars of corporate members have informed this Council of legislative changes in their respective provinces which have occurred since the last annual meeting of the CDA. This information is summarized below.

Newfoundland

2. A motion was passed that the Newfoundland Dental Board set up a specialists' register.

Nova Scotia

3. At the annual meeting of the association held in September 1966, an increase in the annual dues, commencing July 1st 1967, was authorized; the dues have been \$65 per year and this has been increased to \$85. Two reasons for the proposed increase were: (1) to provide more money for running the provincial organization; (2) to provide more financial aid to the CDA. No commitment has yet been made, but the association will be in a position to increase its contribution to CDA when the other corporate bodies signify their intention to do so.

New Brunswick

4. Council passed a motion to proceed with an Order-in-Council before the provincial government which would permit holders of B.D.S. or B.D. Sc. degrees from the United Kingdom, Australia or New Zealand schools to sit for licensing examinations.

Quebec

5. (a) By-Law 31. Each member of the College of Dental Surgeons of the Province of Quebec shall according to Article 91 of the Quebec Dental Act, beginning July 1st, 1966, pay to the Registrar an amount of one hundred dollars (\$100.00) as annual dues; this contribution is payable in advance, July 1st of each year.
- (b) By-Law 31a. Beginning July 1st 1966, the College will pay the Canadian Dental Association an annual contribution of forty dollars (\$40.00) per member in good standing with the College.
- (c) By-Law 21a and 36cc were passed. These concern the inspection of dental offices re the hygienic conditions of the premises, equipment, etc., and determine if the dentist is conducting his practice in conformity with the Quebec Dental Act, the by-laws of the College and the Code of Ethics.
- (d) A new standing committee has been appointed which will keep under constant study the relations between the CDA and the College.
- (e) Dental Public Health is now recognized as a specialty.
- (f) By-Law Art. 73—Extends, at the discretion of the Provincial Board or the Executive Council, to foreign university dental graduates, the

LEGISLATION

privilege of sitting for examination to qualify for licensure in the province.

- (g) On June 27, 1966, a provincial by-law was passed incorporating the Association of Oral Surgeons of Quebec.

Ontario

- 6. (a) The Amendments to the Dentistry Act in Ontario became law in July 1966. Amendments proposed by this Bill relate in the main to:
 - (i) Elimination of references to the now obsolete system of "articling".
 - (ii) Elimination of matters which were only pertinent until the teaching function was transferred to university faculties.
 - (iii) Adjustment of representation on the board of directors to accommodate current and anticipated increases in the number of dental faculties.
 - (iv) Bringing penalties prescribed by the Act into line with current purchasing power levels.
 - (v) Expansion of the definition of "improper professional conduct" to include "incompetence and gross carelessness".
 - (vi) Revision of the discipline procedure to accelerate corrective action in the case of improper conduct.
- (b) The by-laws of the Royal College of Dental Surgeons are at present being revised.
- (c) The annual licence fee has been raised to \$125.
- (d) The RCDS will now be limited to licensing, education, and discipline. Every other facet of organized dentistry will be the responsibility of The Ontario Dental Association.

Manitoba

- 7. (a) Early in the year the Special Committee of the Legislative Assembly of Manitoba met to hear supplementary briefs presented on the question of the status of the dental technicians and mechanics. However, to date, no action has been taken with respect to this matter by the Legislature, and the illegal practice of dentistry continues.
- (b) The denture clinic seems to have reached a state of equilibrium which has not increased regardless of the concern of the committee to publicize it. It serves a purpose in that it maintains a lower fee range for dentures and this indirectly exerts a control on the fees charged by the mechanics.

Alberta

- 8. (a) A major change in legislation has been the reduction from the requirement of a $\frac{2}{3}$ vote to a simple majority in fluoridation plebiscites.
- (b) An increase in the annual licensure from \$125 to \$160 will be brought up for voting at the annual meeting in June 1967. The fee is being increased to provide more money for public relations and for an increase in grant to the CDA.
- (c) A recent amendment with respect to specialties reduces the number to coincide with those recognized by the CDA.

- (d) In April 1966, the Limitation of Actions Act was amended and Section 46 of the Dental Association Act was deleted.

British Columbia

9. (a) The low cost denture clinics appear to be successfully fulfilling their purpose of providing low cost dentures for patients requesting this service. Three clinics are established at present and all are operating in the black.
 - (b) The annual license fee was reduced.
 - (c) Faced with a "fait accompli" situation with respect to certain legislative acts which allowed persons other than dentists to work directly with the public, the College inaugurated a system to improve communication between dentists and legislators. The dentists who replied to the questionnaire and offered to help were brought in to a full day meeting in Vancouver at the expense of the College. Here the whole situation was thoroughly discussed and policies were formed so that an enlightened approach could be made in their interviews with individual legislators.
 - (d) Bill #70 — provincial "Act to Amend the Municipality Enabling and Validating Act" — was passed in March 1967.
 - (i) Previously, the Greater Vancouver Water District, the Greater Victoria Water District, the Greater Nanaimo Water District and the Greater Campbell River Water District would have been required to have a three-fifths total vote from separate plebiscites in each of the municipalities in their water districts, before fluoridation could be instituted by that water district.
 - (ii) The Amendment now makes it possible to proceed with fluoridation if three-fifths of the total number of votes cast in the whole water district are affirmative.
 - (iii) Strong representation by the Union of B.C. Municipalities and others to allow a majority vote instead of a three-fifths total number of votes failed to impress this session of the Legislature, but dentistry was encouraged by the Premier's strong statement in favour of fluoridation.
10. This Council respectfully suggests that other corporate members consider the desirability and feasibility of setting up similar plans, as outlined in paragraph 9(c) above.
11. It is encouraging to note that several provinces have indicated willingness to increase their annual grant to the CDA.
12. (a) Bill C-227 was presented to the House of Commons for first reading on July 12, 1966. Definitions in the proposed Act for "medical practitioners" and "insured services" discriminated against dentists by providing for compensation under terms of the Act for oral services rendered by physicians, while refusing compensation for identical services performed by dentists.
- (b) In the final draft of the Bill, an amendment more favourable to dentistry was incorporated and it was given Royal Assent on December 21, 1966.

LEGISLATION

- (c) For a chronological report of the CDA's activities in respect to Bill C-227 see Appendix A of the President's Report.
- (d) This experience revealed the need for this Council to improve its means of communication with federal legislators and indeed, for all Canadian dentists to become more aware of any legislation which might affect the future of dentistry and to offer their support when required.
- (e) It is suggested that the matter of improving communications with legislators both provincially and federally be a prime topic for discussion at the next annual Secretaries' Conference.

Paragraph 12(e) calls for improved communication with provincial and federal legislators and urges consideration of this topic at the next annual Secretaries' Conference. The Board strongly recommends that attention be directed toward the implementation of this suggestion.

ADOPTED

13. In October this Council for the first time held a meeting with all members present. The President and Secretary of the CDA were also present. With all members residing in Ottawa, the Council is now in a position to meet regularly and function more effectively than was hitherto possible. A budget of \$300 has been requested from the CDA for the purpose of improving communications with members of parliament and their advisers. Hansard has been subscribed to and is checked daily by members of this Council for all matters pertaining to dentistry.

14. The Canada Assistance Plan is now in force. The February 8, 1967 issue of the *Canada Gazette (Part II)* listed the regulations with respect to this Plan.

15. Again the thanks of this Council are extended to the Council on Legislation of the American Dental Association for their courtesy in sending their bulletins to us regularly.

16. Also, sincere thanks to all Corporate Registrars, the President, Secretary and Deputy Secretary for their invaluable help to this Council.

17. On completion of his second three-year term as Chairman, Dr. A. H. Crowson wishes to record his personal thanks to the members of the Council for what he describes as "a most rewarding and enjoyable experience."

The report on Legislation is chiefly informative in character. Commendation is due the chairman, members and all others who contributed to the accomplishments of the past year.

Moved by English, seconded by Eaton:

That the report of the Council on Legislation be adopted as amended.

ADOPTED

TRUSTEES: E. R. W. Bilkey, Toronto; J. P. Coupland, Ottawa; W. G. McIntosh, Toronto; Librarian: Miss Colette Gagnon

REPORT

(comments and action in **bold face type**)

1. There is a saying "Slow and steady wins the race", but, with a little more money, we would win it much faster. In the meantime, the library is doing its best.
2. The most important acquisition of the year has been the new series of the "Cumulated Index Medicus" Vol. 1, 1960 to Vol. 7, 1966. It is the pride of our reference room.
3. For the first time, this year we have been able to send a list of duplicates to the Medical Library Association Exchange, and forward 377 items to different dental and medical libraries of the world. Most of them were periodicals. 173 went to the new dental school at the University of Western Ontario, London, Ontario. Having received material from the MLA Exchange quite regularly, we were glad to co-operate with them to show our appreciation. This year again we received 247 items through this Exchange.
4. The number of dental and medical periodicals we receive has now reached a total of 255 (158 English, 25 French and 72 other languages). Of these periodicals, 179 are exchanges with the *Journal of the Canadian Dental Association*.
5. By the end of the year, the library contained 4,457 volumes, an addition of 257 since the last report (127 textbooks, 92 bound periodicals, 38 gifts). Six hundred and twenty-nine Canadian donations, mostly periodicals, were received.
6. Now that we have duplicates for many dental periodicals, we can fulfil many more requests, and circulation is increasing accordingly.

Consideration of this report naturally drew attention to the bequest of the late Sydney Wood as referred to in the Executive Council report.

The following resolution is presented:

Whereas the terms of the will of the late Sydney Wood Bradley became known subsequent to the drafting of the Library Committee report and

Whereas the generous donations over a number of years and the large bequest in the will of the late Dr. Bradley have been acknowledged in the Executive Council report, and

Whereas the library will henceforth be known as the Sydney Wood Bradley Memorial Library, therefore be it

Resolved that the Executive Council be authorized to find a suitable method to identify this fitting memorial.

ADOPTED

The Library report is largely informative. However, the valuable service carried on by the library to our profession and its asset to our headquarters is appreciated.

Moved by Bruce, seconded by Eaton:

That the report of the Library Committee be adopted.

ADOPTED

NECROLOGY

MEMBERS: F. H. Compton, Chairman, Toronto; W. R. Upton, Vancouver; G. E. Decker, Edmonton; F. R. Smith, Saskatoon; W. G. Campbell, Winnipeg; K. F. Pownall, Toronto; R. M. LeBlanc, Montreal; M. J. Crompton, Moncton; G. M. Dewis, Halifax; G. D. Barrett, Charlottetown; G. P. French, St. John's.

REPORT

It is with regret that the death of the following members, since the last annual meeting of the Canadian Dental Association, is recorded:

ARMSTRONG, Herbert Henwood — R.C.D.S. '13	Port Perry, Ont.
ATKINSON, George Frederick — R.C.D.S. '22	Gravenhurst, Ont.
BAGSHAW, Daniel Judson — R.C.D.S. '04	Toronto, Ont.
BAIN, Arthur M. — U. of T. '26	Brampton, Ont.
BARTHOLOMEW, John Wesley — R.C.D.S. '20	Newmarket, Ont.
BLACK, William Alexander — R.C.D.S. '07	Toronto, Ont.
BLAIR, Wilfrid Murdock — McGill '25	Calgary, Alta.
BOOTHMAN, Alfred Johnston Harvey — McGill '31	Vancouver, B. C.
BOWLSBY, Lloyd Russell — U. of A. '42	Vancouver, B. C.
BRADLEY, Sydney Wood — R.C.D.S. '06	Ottawa, Ont.
BUCHANAN, William Murdoch — Baltimore College '23	North Sydney, N.S.
CAIRNS, James Thompson — U. of T. '33	Battleford, Sask.
CANNING, Francis Wallace — R.C.D.S. '16	Toronto, Ont.
CARROTHERS, Eldon Thompson — R.C.D.S. '19	Brandon, Man.
CARSON, Joseph Edward — U. of A. '30	Lethbridge, Alta.
CHAGNON, Claude-Gérard — U. de Montréal '23	Montréal, Qué.
CHARLES, Burwell James — R.C.D.S. '20	Calgary, Alta.
CHARPENTIER, Joseph James Lane — Laval '19	St. Donat de Montcalm, Qué.
CHENEY, Hugh Lough — R.C.D.S. '08	Ottawa, Ont.
CLUG, Bernard — Columbia U. '24	New York City, U.S.A.
COLBOURNE, Ralph Henry — North Pacific '26	Vancouver, B. C.
CORBEN, Stanley Herbert — R.C.D.S. '23	Calgary, Alta.
COWAN, William Arnold — R.C.D.S. '09	Toronto, Ont.
CROZIER, A. L. — R.C.D.S. '16	North Battleford, Sask.
DAYNARD, William Britton — R.C.D.S. '07	Carman, Man.
DEAN, Harold — N.B. Dental Act '42	Sussex, N.B.
DENT, Clarence Moise — R.C.D.S. '04	Ottawa, Ont.
DUNLOP, Robert Albert — R.C.D.S. '04	Toronto, Ont.
DUNSWORTH, Marcus Meyer — Northwestern U. '17	Edmonton, Alta.
ERICKSON, Reynold Albert — U. of T. '41	Toronto, Ont.
FAHEY, Harold Joseph — R.C.D.S. '22	St. Thomas, Ont.
FARLEY, Charles Henry — U. of T. '50	Regina, Sask.
FARRELL, Vance Ronald — R.C.D.S. '20	Grimsby, Ont.
FINDLAY, David William — McGill '51	North Burnaby, B. C.
GERVAIS, Henry — U. de Montreal '26	Westmount, Qué.
GRAHAM, Thomas Howard — R.C.D.S. '09	Toronto, Ont.

HARDMAN, Edmund Lorne — U. of T. '30.....	Warton, Ont.
HARRINGTON, Paul — R. C. D. S. '22.....	Toronto, Ont.
HARRIS, Edwin Stanford — North Pacific College '26.....	Vancouver, B.C.
HARRIS, Herman Leander — McGill '34.....	London, Ont.
HOCKING, H. John — North Pacific College '27.....	Kelowna, B.C.
JACKSON, Earl Clifton — R. C. D. S. '23.....	Hamilton, Ont.
KENT, Leonard Ernest — McGill '23.....	Ste. Anne de Bellevue, Qué.
KILBURN, Lee Albert — R. C. D. S. '23.....	Oakville, Ont.
KINGMAN, George — U. of T. '29.....	Toronto, Ont.
KURLANDER, Jonas E. — Western Reserve U. '15.....	Shaker Hts., Ohio, U.S.A.
LACASSE, Fernand Jean Gerard — U. of T. '42.....	Windsor, Ont.
LANGDON, William Rutherford — U. of T. '62.....	Brantford, Ont.
LAURENCE, Raoul — U. de Montreal '21.....	Coaticook, Qué.
LEVY, Charles David — U. of T. '31.....	Hamilton, Ont.
L'HEUREUX, Arthur — U. of Chicago '24.....	Montréal Nord, Qué.
MAC SWEEN, Sydney Alexander — McGill '20.....	Montréal, Qué.
MALO, Euclide — U. de Montreal '18.....	Montréal, Qué.
MARKINSKI, John P. — R.C.D.S. '25	Winnipeg, Man.
MARSHALL, John Arthur — Washington U. (St. Louis) '61	Winnipeg, Man. Prince George, B.C.
McLAURIN, Lloyd Drake — R.C.D.S. '16.....	Edmonton, Alta.
McMAHON, Roger Emmett — McGill '27.....	Montréal, Qué.
MERRITT, Ralph Allen — U. of T. '50.....	London, Ont.
MILES, Stanley Frederick — North Pacific College '23.....	Victoria, B.C.
MILLS, George K. — R. C. D. S. '02.....	Tilbury, Ont.
NAGLE, Edmund Burk — U. of Pittsburg '20.....	Meadow Lake, Sask.
NURSEY, William Osborne — U. of T. '33.....	Toronto, Ont.
OROBKO, William — U. of A. '39.....	Edmonton, Alta.
PARROTT, John Ross — R. C. D. S. '22.....	Midland, Ont.
PINEAU, Adrien — U. de Montreal '29.....	Matane, Qué.
PRITCHARD, William Hilliard — R. C. D. S. '23.....	Ottawa, Ont.
PYE, Albert Edward — McGill '42.....	Montréal, Oue.
REGNIER, Theobald Joseph — R. C. D. S. '18.....	Rockland, Ont.
RICHARDSON, Sedgewick Ross — North Pacific '27.....	Victoria, B.C.
SAMUELS, Mervyn Michael — U. of T. '43.....	Toronto, Ont.
SANDERSON, Herbert Maxwell — R. C. D. S. '03.....	Richmond Hill, Ont.
SMITH, Harold Bond — North Pacific College '41.....	Vernon, B.C.
SPROULE, Walter Kirby — North Pacific College '17.....	Vancouver, B.C.
STRACHAN, Cecil Leslie — R. C. D. S. '24.....	London, Ont.
SURPRENANT, Albert E. — U. de Montréal '23.....	Laval des Rapides, Qué.
SWETNAM, William Stanley — McGill '24.....	Montréal, Qué.
TOREN, Reuben L. — University Minnesota '14.....	Saskatoon, Sask.
TOVELL, Garnet B. — R. C. D. S. '06.....	Guelph, Ont.
TRELFORD, William Glenn — R. C. D. S. '13.....	Toronto, Ont.
WARRINER, Frederick E. — R. C. D. S. '07.....	Sandy Hook, Man.
WEESE, Frank Adolphus — R. C. D. S. '20.....	Wallaceburg, Ont.

NOMINATIONS

MEMBERS: W. P. Munsie, Chairman, Vancouver; A. H. Leckie, Hamilton; L. Bernier, Quebec; J. Zimmerman, Calgary.

REPORT

1. The Nominations Committee submits for Board approval the following names for election to three-year terms of office. As you know, additional nominations may be made from the floor.

Executive Council:	A. L. MacIsaac, Charlottetown	1970 (1)
	W. J. Spence, Toronto	1970 (1)
Council on Constitution and By-Laws:	J. P. Whyte, Swift Current, Chairman	1969 (2)
	P. S. Christie, Halifax	1970 (1)
Council on Education:	W. J. Dunn, London, Chairman	1969 (1)
	K. J. Paynter, Toronto	1970 (1)
	J. Yergeau, Montreal	1970 (1)
Council on Ethics	L. I. Duffy, Charlottetown, Chairman	1968 (2)
	R. LeBlanc, Montreal	1970 (1)
	K. Martin, Regina	1970 (1)
Council on Journalism:	H. H. Canning, Toronto	1970 (2)
	L. Bosse, Dorval	1970 (1)
Council on Legislation:	J. A. Whyte, Ottawa, Chairman	1968 (1)
	J. R. Callingham, Ottawa	1970 (1)
Council on Public Health:	K. W. Davey, Islington, Chairman	1968 (1)
	C. H. McCormick, Winnipeg	1970 (1)
Council on Research:	R. M. Grainger, Toronto, Chairman	1970 (2)
	G. H. Beaton, Toronto	1970 (2)
	D. G. Middaugh, Vancouver	1970 (1)
	R. E. Jordan, London	1970 (1)
	M. W. Packer, Edmonton	1970 (1)
Auxiliary Services Committee:	Max Nacht, Vancouver, Chairman	1969 (2)
	L. P. Dubé, Quebec	1970 (2)
	W. B. Coleman, Halifax	1970 (1)
Dental Services Committee:	P. E. Currie, London, Chairman	1968 (2)
	J. M. Carefoot, Oshawa	1970 (2)
	J. Sim, St. Catharines	1970 (1)
	R. D. Glenn, Winnipeg	1970 (1)
Headquarters Property Committee:	J. Kreutzer, Toronto, Chairman	1968 (1)
	P. G. Anderson, Willowdale	1970 (1)
Hospital Services Committee:	P. T. Smylski, Toronto, Chairman	1968 (1)
	J. A. Pedler, Toronto	1970 (2)
	H. S. Jamieson, Moosomin	1970 (1)
Specialist and Specialization Committee:	P. T. Smylski, Toronto	1970 (1)

2. The Nominations Committee takes pleasure in nominating, as President-elect, Henri Brouillet of Montreal.

3. The Committee takes this opportunity to express the Association's appreciation for their services to the following members who are retiring from Councils and Committees this year: H. M. Cline, J. McCutcheon, H. N. Beach, R. J. McCarten, J. A. Fortier, A. H. Crowson, A. R. S. Gray, W. R. Bruce, H. S. Grey, J. D. Spouge, G. C. Swann, H. G. Pettapiece, B. M. MacKenzie, G. V. Fisk, A. S. Brown, J. J. McCarthy, A. H. Leckie, S. W. Leung.

4. The complete list of elective officers and members of councils and committees will be published in the *Transactions* as an appendix to this report.

5. It is moved by the Chairman that the report of the Nominations Committee be adopted, as amended. **ADOPTED**

On nomination from the floor, R. A. Clappison (Toronto) was elected to the Nominations Committee. Membership is as follows:

H. Brouillet, Montreal, Chairman	1968
Louis Bernier, Quebec	1968 (1)
James Zimmerman, Calgary	1969 (1)
R. A. Clappison, Toronto	1970 (1)

Note: The figure (1) or (2) indicates first or second term ending in the year shown. An asterisk signifies a substitute to complete the unfinished portion of the term of a member who has resigned.

Appendix A

OFFICERS, COUNCILS, COMMITTEES, 1967-68

President	— Wesley P. Munsie, Vancouver	
President-elect	— Henri Brouillet, Montreal	
Immediate Past President	— James P. Coupland, Ottawa	
<i>Councils</i>		
Executive	— W. P. Munsie, Vancouver, Chairman	
	— J. P. Coupland, Ottawa	
	— H. Brouillet, Montreal	
	— W. G. Bruce, Kincardine	1968 (1)
	— H. R. MacLean, Edmonton	1968 (1)
	— A. L. MacIsaac, Charlottetown	1970 (1)
	— W. J. Spence, Toronto	1970 (1)
Constitution and By-Laws	— J. P. Whyte, Swift Current,	
	Chairman	1969 (2)
	— M. V. J. Keenan, Sudbury	1968 (1)
	— Rémy Langlois, Québec	1969 (1)
	— P. S. Christie, Halifax	1970 (1)
Education	— W. J. Dunn, London, Chairman	1969 (1)
	— R. V. Blackmore, Edmonton	1968 (1)
	— R. B. De Ware, Moncton	1968 (1)
	— W. C. Deacon, Ottawa	1969 (1)
	— K. J. Paynter, Saskatoon	1970 (1)
	— J. Yergeau, Montreal	1970 (1)
Ethics	— L. I. Duffy, Charlottetown,	
	Chairman	1968 (2)
	— E. F. Dexter, Halifax	1968 (2)
	— J. M. Darcy, St. John's	1969 (1)

NOMINATIONS

Appendix A

	— R. LeBlanc, Montreal	1970 (1)
	— W. K. Martin, Regina	1970 (1)
Journalism	— J. M. Phillips, Oshawa, Chairman	1968 (2)
	— J. R. Glenney, Toronto	1968 (1)
	— Roger Coulombe, Lachine	1969 (1)
	— K. I. Levinson, Toronto	1969 (1)
	— H. H. Canning, Toronto	1970 (2)
	— L. Bosse, Dorval	1970 (1)
Legislation	— J. A. Whyte, Ottawa, Chairman	1968 (1)
	— M. M. Derrick, Ottawa	1969 (1)
	— J. R. Callingham, Ottawa	1970 (1)
Public Health	— K. W. Davey, Islington, Chairman	1968 (1)
	— Yves Lafleur, St. Hyacinthe	1968 (1)
	— D. J. Yeo, Vancouver	1969 (2)
	— N. J. Layton, Truro	1969 (1)
	— C. H. McCormick, Winnipeg	1970 (1)
	— Advisory members: chairmen of provincial dental public health committees	
Research	— R. M. Grainger, Toronto, Chairman	1970 (2)
	— D. C. Teskey, Toronto	1968 (2)
	— M. C. Johnston, Toronto	1968 (1)
	— H. G. Poyton, Toronto	1968 (1)
	— A. Demirjian, Montreal	1968 (1)
	— J. F. Cleall, Winnipeg	1968 (1)
	— R. H. Bingham, Halifax	1969 (2)
	— R. V. Blackmore, Edmonton	1969 (2)
	— L. E. Francis, Montreal	1969 (1)
	— Z. Kasloff, Winnipeg	1969 (1)
	— D. S. Moore, London	1969 (1)
	— G. H. Beaton, Toronto	1970 (2)
	— D. G. Middaugh, Vancouver	1970 (1)
	— R. E. Jordan, London	1970 (1)
	— M. W. Packer, Edmonton	1970 (1)
<i>Committees</i>		
Auxiliary Services	— Max Nacht, Vancouver, Chairman	1969 (2)
	— E. Downton, Toronto	1968 (2)
	— M. Jackson, Toronto	1968 (1)
	— L. P. Dubé, Quebec	1970 (2)
	— W. B. Coleman, Halifax	1970 (1)
Dental Services	— P. E. Currie, London, Chairman	*1968 (2)
	— A. H. Ervin, Dartmouth	*1968 (2)
	— Gunnar Lie, Toronto	1969 (1)
	— Henri Hamel, Quebec	1969 (1)
	— J. M. Carefoot, Oshawa	1970 (2)
	— J. Sim, St. Catharines	1970 (1)
	— R. D. Glenn, Winnipeg	1970 (1)
	— Advisory members: chairmen of provincial dental services committees	

NOMINATIONS
Appendix A

Headquarters Property	— J. Kreutzer, Toronto, Chairman	1968 (1)
	— R. A. Clappison, Toronto	1969 (1)
	— P. G. Anderson, Willowdale	1970 (1)
Hospital Services	— P. T. Smylski, Toronto, Chairman	1968 (1)
	— F. E. Dawe, St. Catharines	*1968 (2)
	— A. E. Swanson, Vancouver	1968 (1)
	— J. C. Cummings, Ottawa	1969 (2)
	— A. Raymond, Montreal	1969 (2)
	— A. J. Harris, London	1969 (1)
	— J. A. Pedler, Toronto	1970 (2)
	— H. S. Jamieson, Moosomin	1970 (1)
Specialists and Specialization	— O. J. Yule, Toronto, Chairman	1969 (1)
	— D. G. Woodside, Toronto	1969 (1)
	— J. D. Stewart, Montreal	1968 (1)
	— R. L. Scott, Brantford	1968 (1)
	— R. L. Twible, Toronto	*1968 (1)
	— C. D. Torneck, Toronto	1969 (1)
	— P. T. Smylski, Toronto	1970 (1)

EXECUTIVE: David H. MacDonald, President, Toronto; Keith Lindsay, President Elect, Vancouver; Peter T. Smylski, Secretary-Treasurer, Toronto.

REPORT

(comments and action in **bold face type**)

1. The thirteenth annual meeting of the Canadian Society of Oral Surgeons was held in the Nova Scotian Hotel in Halifax on Monday and Tuesday, June 13-14, 1966.
2. With the President, Dr. A. E. Hoffman, in the chair, fifteen members and several guests were welcomed.
3. In the scientific sessions on Monday and Tuesday, the following presentations were given:
 - a) Dr. Paul Dumke — Anaesthesia Department, Ford Hospital, Detroit
“Anaesthesia for acute Maxillo-Facial Trauma”
“A second look at Hypotensive Anaesthesia”
 - b) Dr. J. A. Myrden — Director of the Nova Scotia Tumour Clinic, Halifax
“Management of Carcinoma of the Alveolar Ridge”
 - c) Dr. John Findlay — Periodontist, Halifax
“Diagnosis and Treatment Planning in Temporo Mandibular joint Dysfunction”
 - d) Dr. G. R. Langley — Assistant Professor, Faculty of Medicine, Dalhousie University
“Local Blood Flow and Haemostasis following Surgical Trauma”
4. In the business session, the following motions were passed:
 - (a) That the quality of speakers should be of high calibre and that since the Society has a favourable financial position, importation from a distance is no barrier.
 - (b) That local societies should become components of the Canadian Society of Oral Surgeons.
 - (c) That Dr. Peter Smylski be the representative to the CDA Committee on Specialists and Specialization.
5. A discussion took place concerning a meeting to review the constitution and by-laws, location and format of the annual meeting, a fee schedule, training of post-graduate students and other pertinent matters.
6. Two new members were duly examined and accepted for membership.
7. The financial statement was presented by the Secretary-Treasurer and showed the following:

Bank balance as of June 10, 1966	\$4,710.64
Hydro Bonds (\$2,000) 5% Nov. 15/76 Market Value June 10/66	1,855.00
Total Assets as of June 10, 1966	\$6,565.64

8. Executive Nomination Committee Report:

President	— David H. MacDonald, Toronto
President Elect	— Keith Lindsay, Vancouver
Secretary-Treasurer	— Peter Smylski, Toronto

9. In October, the meeting mentioned in paragraph 5 was held at the Alpine Inn in Quebec under the direction of Dr. W. B. Donohue, at which time all oral surgeons in Canada were invited. There was a large attendance and many recommendations were recorded which will be submitted to the Board of Governors of the CDA at the annual meeting in May 1967 in Toronto. Included in these recommendations were some changes in the constitution and by-laws affecting membership and the place and time of the annual meeting. Since this was not our official meeting of the year, no action could take place.

10. During the year several letters were sent to the Minister of National Health and Welfare, Hon. A. J. MacEachen, concerning the controversial Bill on Medical Care and a personal plea was made to the Minister by the Secretary and another member of the Canadian Society of Oral Surgeons which, along with many other presentations from oral surgical and dental groups, helped to swing the balance of opinion in our favour in the House of Commons.

11. The next meeting will take place at the Royal York Hotel in Toronto on May 15-16, 1967.

The report on Oral Surgery is chiefly informative in character. The Board is pleased to see that the Oral Surgery Section is growing stronger and encouraging the growth and quality of the specialty in Canada.

Moved by Abra, seconded by Kearney:

That the report of the Oral Surgery Section be adopted as amended.

ADOPTED

EXECUTIVE: R. D. Leuty, President, Toronto; A. M. Hayes, President-elect, Vancouver; J. J. Schachter, Secretary-Treasurer, Saskatoon.

REPORT

(comments and action in **bold face type**)

1. Meeting in Halifax, June 13-15, 1966:
 - (a) Dr. W. Mulligan, Dr. E. Spracklin and their Maritime colleagues arranged a very successful meeting and the Society is indebted to them.
 - (b) Six new members were accepted, raising the total membership to 132.
 - (c) One of the new members is Dr. F. J. Cleal, head of the Department of Orthodontics, University of Manitoba.
 - (d) An interesting scientific session was held on all three days of our meeting and was well attended by our members, as well as by a number of general practitioners.
 - (e) Dr. George Anderson of Maryland presented the Grieve Memorial Lecture. He was presented with an illuminated address as a memento of the occasion.
 - (f) The report on the Royal College of Dentists was the occasion of a spirited debate on the question of election of charter members, as well as the question of the calibre of the first examinations to be held for fellowship. The members present concluded that support should be given to the College by all members of our Society.
 - (g) The committee on regional component societies brought in a report favouring the establishment of five component societies.
 - (h) The following notice of motion was tabled:
 - (1) To change the numbering of Article III to Article IV and all subsequent Articles to V, VI, VII, etc.
 - (2) To insert a new Article III to read:

"STRUCTURE
"Section I — Component societies shall consist of those societies which represent the following regions of Canada:
British Columbia
Prairie Provinces
Ontario
Quebec
Maritime Provinces
"Section 2 — Each component society shall be consulted by the executive committee of the Canadian Society of Orthodontists regarding all matters which may involve the members of the various component societies."

Paragraph 1 (h) (2) cites the "Maritime Provinces". This term excludes Newfoundland. It is therefore suggested that the Orthodontic Section consider substituting the term "Atlantic Provinces" in its review of the proposed amendment to the Society's Constitution.

ADOPTED

- (i) Another effort is to be made to secure suitable financial support for the specialty programs at CDA conventions. The members of our

Society feel that we should meet at the same time as the CDA and by so doing we add materially to the program, as well as to the number of members registered.

Paragraph 1 (i) suggests that there should be a further attempt to secure financial support for specialty programs at CDA conventions. Furthermore, the Orthodontic Section believes it should meet at the same time as the CDA national convention. In connection with these observations, the Board notes that the Conventions sub-committee of the Executive Council intends to convene a meeting with representatives from each Section during 1967-8 (Paragraph 7 (b) Executive Report).

(j) The officers elected for the year 1966-67:

President	— Robert D. Leuty
President elect	— Arthur Hayes
Vice President	— Howard Oliver
Secretary-Treasurer	— Joseph J. Schachter

2. Annual meeting in Toronto, May 14-17, 1967:

- (a) meeting to be held in the Metropolitan Room, Royal York Hotel;
- (b) the Grieve Memorial Lecturer will be Dr. Donald Woodside.

3. Work in progress:

- (a) A committee has been appointed under the chairmanship of Dr. A. Jarvis to review requirements for membership and, if necessary, to prepare recommendations for changes to update the requirements to meet the needs of our Society more adequately.
- (b) The component societies have been requested to consider the question of including orthodontic care in a Dental Health Plan for Children and to direct their recommendations and observations to Dr. G. Lie's sub-committee.

4. The Society noted with regret the passing of Dr. Reynold A. Erickson of Toronto on October 29, 1966.

The report of the Canadian Society of Orthodontists is chiefly informative in character.

Moved by English, seconded by MacLean:

That the report of the Orthodontic Section be adopted as amended.

ADOPTED

EXECUTIVE: D. L. Anderson, President, Hamilton; J. A. Whyte, President-elect, Ottawa; J. D. Stewart, Secretary-Treasurer, Montreal.

REPORT

(comments and action in **bold face type**)

1. The annual meeting of the Canadian Academy of Periodontology was held in Montreal on May 6 and 7, 1966. Thirty-two active, one honorary, and eight associate members were present.
2. At the present time there are 48 active, 1 honorary, and 41 associate Academy members.
3. At the scientific sessions of the annual meeting, interesting and informative papers were presented by I. Henderson, F. Beube, C. S. Whitman, G. Pelletier, C. T. Peterson, and J. Findlay.
4. Members agreed that the American Dental Association pamphlet on periodontal disease was suitable for public education and suggested that the Canadian Dental Association be contacted in regard to establishing method of distribution of these pamphlets to Canadian dentists.
5. A resolution was unanimously passed to request permission of the CDA to amend the by-laws of the Canadian Academy of Periodontology in respect to Chapter IV, Section 1, Article B. The article in part now reads "dues must be paid by October 1". It is requested that this portion be changed to read "dues must be paid within sixty (60) days of notice of assessment".

This request is approved.

6. Two new committees were formed to study (a) government legislation and (b) insurance, in respect to the practice of periodontics.
7. After ten years of excellent service to the Academy, Dr. J. E. Speck resigned from the position of secretary-treasurer.
8. The next annual meeting will be held in conjunction with the Canadian Dental Association Centennial Meeting in Toronto.

With the exception of paragraph 5, the report of the Periodontic Section is for information only.

Moved by Brouillet, seconded by Spence

That the report of the Canadian Academy of Periodontology be adopted.

ADOPTED

REPORT

(comments and action in **bold face type**)

1. I am sure it is not necessary to point out that this Board of Governors meeting is being held at a time of unique historical significance. That 1967 is Canada's Centennial Year in itself gives great significance to the occasion. It is enhanced further by the fact that 1967 is also the 100th birthday of the Ontario Dental Association.

The Ontario Dental Association

2. As President of your national association, I congratulate The Ontario Dental Association on its 100th anniversary and also upon becoming this month the corporate member for Ontario of the Canadian Dental Association. To the ODA Board of Governors I wish every success in carrying forward, under its new constitution, the high aims and objectives which the ODA has made traditional. To J. B. Taylor, W. J. Spence, E. J. Siegel, W. G. Bruce and J. D. Purves, who now represent Ontario on the CDA Board of Governors, I extend a cordial and sincere welcome.

3. It is not surprising that dentists in other jurisdictions look to Ontario, as the oldest and largest corporate member, for leadership as well as sustained support. I trust that recognition of this fact will make the Ontario representatives and their successors aware of the opportunity as well as the responsibility to promote the high ideals of our profession by making certain that our national organization remains responsible and strong so that it will grow in usefulness and influence.

Councils and Committees

4. Much that the Association accomplishes is the result of the work done by the Councils and Committees. This work-load is of necessity assumed by a relatively small number, and I hereby express the appreciation of the membership at large to those who diligently serve on our Councils and Committees.

1967 Convention Committee

5. As has already been indicated, 1967 is a date of exceptional significance. Preliminary planning was started many years ago when The Ontario Dental Association provided for a substantial sum to commemorate this Centennial Year. CDA and RCDS have co-operated in the development of commemorative activities. Under the inspired chairmanship of Dean R. G. Ellis, a convention which promises to be spectacular has been organized. To Dean Ellis and his Committee go our thanks which, in circumstances like this, seem a most inadequate expression of our deep appreciation.

Resignations

6. The resignation of O. J. Yule from the Executive Council was received and accepted with regret. Dr. Yule over a long period has made a valuable contribution. To a degree his loss to the Executive Council is tempered by the fact that as chairman of the Specialists and Specialization Committee he will continue to shoulder an important responsibility for the Association.

PRESIDENT

7. In December 1966 Brigadier K. M. Baird retired from his post as Director General of Dental Services for the Canadian Forces. He was succeeded by Brigadier B. P. Kearney. Brigadier Kearney replaces Brigadier Baird as the representative of Federal Dental Services to the CDA Board of Governors. On behalf of the Association, I express thanks and best wishes to Brigadier Baird and a cordial welcome to Brigadier Kearney.

8. Dr. R. F. Harvey found it necessary to resign as chairman of the Advisory Committee on Expo '67. This committee had energetically worked to ensure that dentistry's participation in this World Exposition would reflect creditably on the profession and at the same time have high educational value. Dr. Lyman Francis, a member of this Committee, agreed to act as consultant to Expo when called upon.

9. Late in February Mr. K. L. Croft announced that he had accepted an appointment as executive director of the Ontario Federation of Construction Associations, and requested that his resignation from the CDA be effective on March 31st, 1967.

In almost ten years in its service Mr. Croft has made a contribution to the CDA of immeasurable value. Ken has served the CDA diligently and ably and the Association's good wishes go with him to his new position.

Medical Care Act

10. Bill C-227, an Act to authorize the payment of contributions by Canada towards the cost of insured medical care services incurred by provinces pursuant to provincial medical care insurance plans, was passed in the House of Commons on December 8, 1966. Individual dentists and groups of dentists from all parts of the country were involved in an all-out effort to inform members of the House of Commons and of the Senate that, as submitted for first reading, the bill contained provisions unacceptable to dentists. This campaign was ably co-ordinated by the CDA Secretary who was magnificently supported by the corporate members, the CDA Council on Legislation, the deans of the Dental Schools and other groups and individuals too numerous to mention. The Association is indebted to all who participated in this important exercise. Since this legislation carries with it implications of vital interest to dentistry a chronological list of pertinent events leading to the passage of the Bill appears as Appendix A.

The Canada Assistance Plan

11. Bill C-207 is an act to authorize the making of contributions by Canada towards the cost of programs for the provision of assistance and welfare services to and in respect of persons in need. The Minister of National Health and Welfare has stated "For the first time the federal government will share the cost of health services to persons in need. Sharing covers medical and surgical services, nursing, dental and optical care including dentures and eye glasses, drugs, prosthetic appliances and other health services". Unquestionably, efforts are being made at the local level to take advantage of the money made available by this legislation. Dentistry has, at this time, a great opportunity and responsibility to participate in the development of these health measures to assure that they are in the best interests of both those who receive and those who render the services.

The CDA Dental Health Plan for Children

12. As directed by the Board of Governors (*Transactions* 1966:150) a steering committee consisting of Dr. Gunnar Lie and Dr. Peter Currie was formed by the Dental Services Committee. In a very short period of time this special committee has produced a working draft which is extremely well organized. It is my hope that this hard-working steering committee will get full co-operation from all individuals and groups within the Association.

Paragraph 12 comments on progress to date. The following supporting resolution is presented:

Whereas there is no more urgent matter facing the dental profession in Canada at this time than the formulation of a Children's Dental Health Care program, and

Whereas it does not seem either reasonable or possible for members of the profession to devote the required time and effort to develop such a study on a voluntary basis, and

Whereas the development of such a plan requires the expert assistance of persons from the areas of the social sciences, therefore be it

Resolved that the Executive Council be instructed to give immediate and top priority consideration to the establishment of a task force, and that adequate funds be placed at the disposal of such a task force so that it may undertake its activities with dispatch and all reasonable support to acquire the services of outside consultants.

ADOPTED

Student Membership

13. During my term in office I have become increasingly aware of the variety of factors which are affecting or are about to influence the availability and provision of dental health services. The Medical Care Act and the Canada Assistance Plan may be cited as examples. Many more could be mentioned. Every available means should be employed to make dentists aware of their professional responsibility in community and organizational affairs at local, municipal, provincial and federal levels, if the interests of the public and the profession are to be served. The earlier this interest is created, the greater is the potential for service. It is therefore suggested that CDA establish a membership classification for undergraduate dental students as one method of encouraging early association with organized dentistry.

Aims and Objectives

14. Changing political, economic and sociological complexities of modern society are accelerating the demands made on the health professions. Professional organizations are being asked to provide more and more by way of services to the members of their own profession and to the public at large. Dentistry is no exception. Our headquarters operation is being overtaxed as it attempts to meet the growing demands from many sources. Therefore until more funds are available with which to add depth to our headquarters staff and facilities, it is suggested that a critical self-examination of the Association's aims and objectives be made with a view to establishing priorities likely to provide the greatest return to the membership.

PRESIDENT

Visitations

15. With one or two exceptions, invitations to the President were accepted. In most instances both President and Secretary were invited but occasionally only one or the other was mentioned in the invitation. Appendix B lists the occasions attended by both President and Secretary and Appendix C lists engagements filled by the President.

16. The following strong impressions have been gained from my experience in office:

- a) The corporate members generally appreciate and have come to expect an annual visit from the CDA officers.
- b) It is important that the Secretary make the visitations whenever possible. It is desirable but less important that the President do likewise. In regard to the President's visits it is suggested that more use could be made of policy established in 1960 which gave authority to the President to appoint a representative when it was not convenient for the President himself to attend.
- c) In so far as practicable, the President and Secretary should attend the annual business meetings of the corporate members. It is recognized that this may not always be practicable but the merit of meeting together to discuss mutual problems is self evident.
- d) The corporate members have a sympathetic understanding of the scheduling difficulties and an acute awareness of budgetary considerations. They are willing to co-operate in arranging their annual meetings to accommodate the CDA visitation. This was demonstrated in 1966 when the tour of the Atlantic provinces was arranged. Similar consideration has been exhibited by the four western provinces in extending their current invitations.

Acknowledgements

17. The Secretary and I were accorded a most cordial reception and the warmest hospitality on every occasion when we were representing the Association. While recognizing this as an indication of the esteem paid to high office in the CDA, we wish to express our personal thanks.

18. On several occasions gifts were presented which I shall always treasure.

19. For the Association I accepted a beautifully executed plaque from the Alpha Omega Fraternity on which is inscribed "Alpha Omega Fraternity. In recognition and appreciation of outstanding services and contribution to Dentistry the world over, this certificate is presented to the Canadian Dental Association in Witness Whereof we have hereby affixed our signatures and the seal of the Fraternity this 14th day of November, 1966. Herbert Caplan, National President; Albert Weiser, National Secretary." This plaque was presented by the Alpha Omega International President, Dr. Herbert Caplan of Montreal, in Dallas.

Appreciation

20. To our Secretary, Dr. McIntosh, I extend your admiration for and your appreciation of the consummate skill and engaging way in which his heavy duties are performed. Speaking personally, it has been an unforgettable experience to work with and on occasion travel with one who is at the same time a delightful companion and a superb administrator.

21. To the Director of the Bureau of Economic Research, Mrs. Isabel Brown, is extended continuing appreciation for her contribution to so many of the most vital activities of the Association.

22. To the Editor of the *Journal*, Dr. Frank Compton, I express thanks not only for his efforts on behalf of the *Journal* but his willingness to co-operate in undertaking an ever-expanding range of duties. The Association congratulates him on the honour conferred by his journalistic colleagues when he became president-elect of the American Association of Dental Editors in November 1966.

23. To the entire headquarters staff, both on behalf of the Association and personally, goes the assurance that their unselfish dedication to the Association is widely recognized and genuinely appreciated.

Recommendations

24. That congratulations and an expression of good wishes be extended to the ODA on the occasion of its 100th anniversary and on becoming the CDA's corporate member for Ontario.

In support of the recommendation contained in Paragraph 24 the following resolution is presented:

Whereas The Ontario Dental Association this year observes the 100th anniversary of its foundation, and

Whereas The Ontario Dental Association became the CDA corporate member for Ontario on May 1, 1967, therefore be it

Resolved that the Canadian Dental Association extend congratulations and best wishes to the President and members of The Ontario Dental Association on this happy occasion. **ADOPTED**

25. That the chairman of the 1967 Convention and his Committee be complimented on their arrangements and thanked for their outstanding effort.

The following supporting resolution is proposed:

Resolved that the Board of Governors do hereby commend Dr. R. G. Ellis and his Convention Committee for their efforts in developing an outstanding scientific and social program for the 1967 Centennial Convention of the Ontario and Canadian Dental Associations. **ADOPTED**

26. That the Council on Legislation be commended for its efforts when Bill C-227 was being debated, and that they be requested to study and propose means for improving the dental profession's communication with federal legislators and policy makers.

The following two resolutions are presented:

(a) Resolved that the Council on Legislation be commended for bringing the views of the dental profession to the attention of Members of Parliament prior to the enactment of the Canada Medical Care Act (Bill C-227) in December 1966. **ADOPTED**

(b) Whereas the Council on Legislation and other CDA members acquainted Members of Parliament with the views of the dental profession during the first reading of Bill C-227, and

Whereas this action demonstrates the need for continuing communication

PRESIDENT

between the dental profession and federal legislators and policy makers, therefore be it

Resolved that the Council on Legislation study and propose means for implementing such communication. **ADOPTED**

27. That the provincial secretaries be requested to keep the Association informed of programs initiated under the Canada Assistance Plan.

The following resolution is presented in support of this recommendation:

Resolved that the secretaries of the provincial corporate members inform the Canadian Dental Association of any dental programs initiated in their respective provinces under the Canada Assistance Plan. **ADOPTED**

28. That the desirability and feasibility of a CDA student membership receive consideration by the Executive Council.

Paragraph 28 asks the Executive Council to study the desirability and feasibility of a CDA student membership category. Recommendations of the Executive Council appear in paragraphs 32 and 33 of that Council's report and will receive comment and action in the related portion of the Board agenda.

29. That a study of CDA aims and objectives be initiated by the Executive Council.

Paragraph 29 calls for a study of aims and objectives of the Canadian Dental Association. The Board notes that the Executive Council has initiated a "Five Year Projection" of the Association's needs and services. Moreover, the Executive Council will update the policy statement on "Projection of Dental Services." The following resolution is, therefore, presented:

Whereas a sub-committee of the Executive Council will update the policy statement on "Projection of Dental Services" and present an updated version of the statement for Board approval, therefore be it

Resolved that this sub-committee also undertake a critical examination of the Association's aims and objectives with a view to establishing a priority for those services which are likely to provide the greatest value to dentistry.

ADOPTED

30. That the appreciation of the Association be extended to the former Deputy-Secretary, Mr. Kenneth L. Croft, for his valuable services over a period of almost ten years.

The following resolution is proposed:

Resolved that the appreciation of the Association be extended to the former Deputy-Secretary, Mr. Kenneth L. Croft, for his valuable services to the CDA over a period of almost ten years, and be it further

Resolved that an expression of appreciation be extended to Mrs. Croft for her assistance to the Association at the annual meetings and on other occasions.

ADOPTED

We thank the President for his informative and constructive report. We express our admiration for the diligent manner in which President Coupland has discharged the duties of his office.

Moved by Brouillet, seconded by Edgecombe:

That the report of the President be adopted, as amended.

ADOPTED

MEDICAL CARE ACT
(Bill C-227)

Bill C-227 was presented to the House of Commons by the Minister of National Health and Welfare for the first reading on 12 July 1966. Definitions in the proposed Act for “medical practitioners” and “insured services” discriminated against dentists by providing for compensation under terms of the Act for oral services rendered by physicians, while refusing compensation for identical services performed by dentists. A resume of steps taken to have the discriminatory features of the Act removed is as follows.

1. 27 September 1966. A letter was sent on behalf of the Association to the Minister of National Health and Welfare protesting the discriminatory features of the Bill.
2. 28 September 1966. CDA President and Secretary met with officials of the departments of both Health and Welfare in Ottawa to support the profession’s position.
3. 17 October 1966. A second letter was written to the Minister further detailing the unfavourable results that the discriminatory aspects of the Bill would have on the public and on the dental profession.
4. At the instigation of the Royal College of Dental Surgeons of Ontario, The Toronto Board of Trade wrote to the Prime Minister of Canada stating the Board’s objections to the inequities of the proposed Act.
5. 18 October 1966. The Secretary met again with the Deputy Minister of Health and also with the Leader of the Opposition. The latter asked for all available material and indicated his willingness to speak to the House of Commons, and in committee, on dentistry’s behalf.
6. Several other members of parliament, supporters, and senators were personally contacted by the President and Secretary.
7. 4 November 1966. Pertinent material was sent to the *Governors Letter* mailing list, along with a note suggesting that as many dentists as possible contact their members of parliament, bringing the discriminatory features of the Bill to their attention and asking their support.
8. 7 November 1966. Representatives of the Canadian Society of Oral Surgeons personally presented the Minister of Health and Welfare with a brief.
9. Each member of the House of Commons’ standing committee on health and welfare was contacted by the members of the CDA Council on Legislation and provided with pertinent information.
10. In response to the request distributed via the *Governors Letter*, many members of parliament were contacted by dentists from all across Canada. Several references in Hansard subsequently confirmed that MP’s had been convinced of the validity of the profession’s position and had supported this position in the House of Commons debates.
11. 6 December 1966. The Honourable A. J. MacEachen proposed the following amendment be added to clause 4 of the Act:
“(3) In the application of this Act to a plan established by an Act of the legislature of a province, any health services of a kind prescribed by the

PRESIDENT
Appendix A

Minister to be required health services rendered by a person lawfully entitled to render such services in the place where they are so rendered shall, under such terms and conditions as may be specified by the Governor in Council and if the provincial law so provides, be deemed to be services rendered by a medical practitioner that are medically required.”

The amendment was approved and the Medical Care Act was given its third and final reading on December 8.

12. The Senate gave its approval to the amended Bill on the 16th of December and Royal Assent was granted December 21, 1966.

13. 16 December 1966. The Minister of Health and the Leader of the Opposition were both thanked by letter for their assistance in amending the discriminatory provisions of Bill C-227.

14. The CDA *Governors Letter*, December issue, contained notice of CDA's appreciation to all dentists who had co-operated in contacting their MP's and thereby greatly assisted in the elimination of the discriminatory provisions as originally prescribed in Bill C-227.

15. The same *Governors Letter* also reminded readers that each corporate member now has the responsibility of educating its respective government so that provincial health programs will not repeat the discriminatory features now successfully removed from the federal legislation.

Appendix B

*Meetings attended by Secretary and President
1966:*

- | | |
|-----------------|--|
| September 29 | — A.M.: Executive of Royal College of Physicians and Surgeons of Canada (The Secretary of the R. C. D. of C. accompanied CDA Secretary and President). An informal discussion of matters of mutual interest such as specialist training and recognition and hospital privileges. |
| September 29 | — P.M.: Quebec City Dental Society. Both Secretary and President after-dinner speakers. |
| October 1 | — New Brunswick Dental Society annual meeting — Fredericton. Secretary and President after-dinner speakers — ladies attended. |
| October 3 | — Prince Edward Island Dental Association — Charlottetown. Secretary and President spoke at well attended dinner meeting. |
| October 5 | — P.M. Dalhousie University Dental Faculty. Secretary and President addressed students including School of Hygiene and graduate students. |
| October 5 | — Nova Scotia Dental Association dinner meeting. CDA Secretary and President guest speakers. |
| October 6, 7, 8 | — Newfoundland Dental Society annual meeting, Grand Falls. President speaker at formal dinner which was attended by ladies and several physicians. |

PRESIDENT
Appendix B

- October 24 — Montreal Dental Club fall clinic. President addressed luncheon.
- October 25 — McGill Dental Faculty — Secretary and President addressed undergraduates in 3rd and final years.
- November 10, 11 and 12 — American Dental Association trustees meeting.
- November 13 — American College of Dentists convocation and dinner
- November 14, 15, 16, 17 — ADA House of Delegates and reference committees
- November 30 — Special meeting of Sudbury & District Dental Society. Both Secretary and President spoke at dinner meeting attended by ladies.
- 1967:
- April 8, 9 — Annual meeting of the College of Dental Surgeons of Saskatchewan, Saskatoon.

Appendix C

Meetings attended by President

- 1966:
- June 28 — Hamilton Academy of Dentistry testimonial dinner for Dr. D. S. Moore.
- September 10 — Northern Ontario Dental Association luncheon address.
- September 21, 22, 23 — National Research Council 50th Anniversary.
- October 22, 23 — Canadian Society of Oral Surgeons special meeting, Ste. Adele, P.Q.
- November 24 — Toronto Academy of Dentistry — after - dinner speaker.
- December 12 — Ottawa Dental Society — after-dinner speaker.
- 1967:
- January 20 — Faculty of Dentistry, University of Manitoba.
- January 21 — Manitoba Dental Association annual meeting — luncheon speaker.
- January 26 — Essex County Dental Association, Windsor, Ontario — after-dinner speaker.

EXECUTIVE: *W. G. Woods, President and Secretary-Treasurer, Toronto; Allan Fee, President-elect, Edmonton; D. G. Johnstone, Assistant Secretary, Niagara Falls.*

REPORT

(comments and action in **bold face type**)

1. The annual meeting of the Canadian Academy of Prosthodontics was held in the Nova Scotian Hotel, Halifax, on June 12, 1966, with 26 members and 6 guests present.
2. Papers were presented at the clinical program by:
 - C. O. Boucher — Complete dental procedures
 - Norman Levine — Prosthodontics in a Paedodontic practice
 - E. F. Dexter — Partial denture problems in general practice
3. Five new active members were received into the Academy, as were four new associate members, bringing the total membership to 5 honorary, 88 active and 14 associate.
4. Retiring President, K. M. Kerr, reported on the year's activities (*see Transactions* 1966: 154).
5. The Academy membership approved a donation of \$500 to the Canadian Fund for Dental Education and a donation of \$100 to the Educational and Research Foundation of Prosthodontics.
6. The following were nominated and elected to office:
 - Past Presidents: K. M. Kerr and J. McCutcheon
 - President and Secretary-Treasurer: W. G. Woods
 - President-elect: A. D. Fee
 - Assistant Secretary: D. G. Johnstone
 - Executive members: J. Nadeau
A. H. Crowson
E. N. M. Pottinger
H. W. Hart
D. Kepron
J. Fiset
7. The 7th clinical meeting was held in Montreal at the Queen Elizabeth Hotel. Forty-eight members and 8 guests were present. Papers and clinics were presented by:
 - Ronald G. Jones — Mounting the case on the articulator
 - Allen A. Brewer — Changing concepts in Prosthodontics
 - Harry Rosen — Salvaging abutments for fixed restorations
 - Jean Guimond — Teaching aids in partial denture:
(undergraduate level)
 - John Vincelli — The anterior stop as an aid developing ideal
T. M. J. physiology
 - E. D. Androutsos — Porcelain fused to gold
 - J. Valiquette — Maxillo-facial prosthetics

Paragraph 7 lists the clinicians and the papers and clinics which were presented at the 7th clinical meeting held in Montreal. The Board suggests that, in future reports, this type of information be omitted.

ADOPTED

8. The Canadian Academy of Prosthodontics has applied for affiliation with the *Journal of Prosthetic Dentistry*.

9. Under date of November 21, 1966, Letters Patent were issued incorporating the Canadian Academy of Prosthodontics under Part 11 of the Canada Corporation Act.

10. The Academy is continuing its efforts to have qualifying courses set up at the post-graduate and graduate levels leading to certification and to prepare candidates for application for fellowship in the Royal College of Dentists of Canada.

11. The Academy approved a \$500 donation to the Federation of Prosthodontic Organizations, specifically for help in producing a film on work authorizations for technician services. This film will be available, on request, to dental organizations in the United States and Canada. The premiere will take place in Toronto in May 1967.

The following resolution is presented:

Whereas the Canadian Dental Association has recognized Prosthodontics as a specialty area of dentistry, and prosthodontists as specialists, and

Whereas the Royal College of Dentists of Canada recognizes Prosthodontics as a specialty, and prosthodontists as specialists, and

Whereas it is observed in world dentistry that higher standards in all areas of dentistry are attained when specialties are recognized and practised, and

Whereas it is always desirable to maintain the highest standards of dental treatment, therefore be it

Resolved that the Canadian Dental Association recommend to all corporate members that they grant recognition to all specialty areas recognized by the Canadian Dental Association.

DEFEATED

The report on Prosthodontics is largely an informative summary of the activities of the Academy during the past year. The Board commends the Canadian Academy of Prosthodontics for continued growth and significance as a specialty and also for its generous donations to the Canadian Fund for Dental Education, the Education and Research Foundation of Prosthodontics and the Federation of Prosthetic Organizations.

Moved by Brouillet, seconded by Edgecombe:

That the report on Prosthodontics be adopted, as amended.

ADOPTED

PUBLIC HEALTH

MEMBERS: *A. R. S. Gray, Chairman, Calgary; K. W. Davey, Islington; Y. Lafleur, St-Hyacinthe; D. J. Yeo, Vancouver; N. J. Layton, Truro.*

REPORT

(comments and action in **bold face type**)

1. The Council on Public Health met at CDA headquarters January 9 and 10, 1967. The following persons attended the meeting: Council members (Dr. Lafleur was absent due to illness), Drs. R. A. Connor, R. M. Grainger, J. J. Marineau, C. H. McCormick, Lt. Col. D. H. Protheroe and CDA executive staff.
2. The chairman welcomed Dr. N. J. Layton of Truro, N.S. as the new representative of the maritime provinces. He is a very able replacement for Dr. B. J. O'Meara. Suitable tribute was paid to the great contributions which Dr. O'Meara had made to the work of this Council, while he served as a member.

Publications

3. A thorough review was made of the various dental health publications prepared by the Council. A list of minor revisions was agreed upon and is to be incorporated when such pamphlets are reprinted. The possibility of producing a comprehensive pamphlet on preventive dentistry for patient education is being studied and a report on the feasibility of this project is anticipated shortly.

Educational Aids

4. It was reported that the 1967 budget request of the Bureau of Public Information for production of television films had been reduced this year and consequently no film could be produced.
5. The following motion was passed by members of the Council, after hearing reasons for the above action by the Board of Governors, and having reviewed the amount of utilization of previous films and noting the many comments received after their showing:

That the Council on Public Health, having noted with regret the lack of funds to produce an educational 60-second film for free use on television, and having noted the success of previous films of this nature, urges that funds be budgeted in future for production of such films.

ADOPTED

Fluoridation

6. Council was informed of recent activities of the national fluoridation committee of the Health League of Canada to secure financial support, and of the request from that committee and other sources urging the CDA to assist in continuation of the educational work of its executive secretary, Mr. L. H. Bowen. It was announced that Mr. Bowen would join the CDA staff later in January, to continue his fluoridation program plus assuming other duties. Mr. Bowen personally reported on the nature of his activities.

On motion from the floor, the following resolution was presented:

Whereas the fluoridation of communal water supplies is an important public health procedure of great consequence to the dental health of the Canadian people, and

Whereas the Canadian Dental Association has for many years reiterated its

unequivocal endorsement of fluoridation as a safe and beneficial public health measure, and

Whereas there are many precedents for legislation and government regulations bearing on mandatory application of public health procedures, including fluoridation, therefore be it

Resolved that the Council on Public Health be requested to study and recommend on mandatory legislative provisions for the institution and continuance of communal water fluoridation proposals.

ADOPTED

Preventive Techniques in Practice

7. Lt. Col. D. H. Protheroe, RCDC, presented a most comprehensive report on methods of promoting preventive techniques in dental practice. Considerable enthusiastic discussion followed and Lt. Col. Protheroe was congratulated for his fine effort in this undertaking. The following resolution was passed by Council as a result of this report:

Whereas the Council on Public Health believes that the philosophy of prevention of dental diseases and the application of preventive principles and techniques in the practice of dentistry should be encouraged, and

Whereas the need exists to begin inculcating this preventive philosophy in dental students, and to continue beyond graduation, therefore be it

Resolved (1) that the Council on Education be requested to sponsor a teaching conference on preventive dentistry, and be it further

Resolved (2) that undergraduate programs at dental schools give maximum emphasis to the preventive concept, and be it further

Resolved (3) that graduate and post-graduate courses in preventive dentistry be provided by dental schools and encouragement be given practising dentists to participate, and be it further

Resolved (4) that the Canadian Dental Association and other dental associations be encouraged to include lectures and short courses on preventive dentistry in their convention and continuing education programs.

The Board does not agree with this resolution and recommends the adoption of the following substitute resolution:

Whereas the Council on Public Health believes that the philosophy of prevention of dental diseases and the application of preventive principles and techniques in the practice of dentistry should be encouraged, and

Whereas the need exists to continue inculcating this preventive philosophy in dental students, and to continue beyond graduation, therefore be it

Resolved (1) that the Council on Education be requested to sponsor a teaching conference on preventive dentistry, and be it further

Resolved (2) that undergraduate programs at dental schools give maximum emphasis to the preventive concept, and be it further

Resolved (3) that graduate and post-graduate courses in preventive dentistry be provided by dental schools and encouragement be given practising dentists to participate, and be it further

Resolved (4) that the Canadian Dental Association and other dental associations be encouraged to include lectures and short courses on preventive dentistry in their convention and continuing education programs.

ADOPTED

Public Health Survey

8. A progress report was received from Dr. D. J. Yeo on the study of dental

PUBLIC HEALTH

public health — “What is the Nature of Dental Public Health and Its Objectives” — at present being carried on at the University of British Columbia.

- (a) The first stage, which consisted of a comprehensive search of the literature relating to the subject, and an attempt to define the nature and objectives of dental public health, has been completed. A limited number of copies of the abstracts of articles reviewed and the report on the first stage of the study have been distributed to selected libraries including the CDA library.
- (b) The second phase of the project “A Survey of Dental Public Health Within the Dental Profession and Within Public Health Agencies Including Those of Government” is well under way.
- (c) The third phase is now in the planning stage but details of its structure and the adequacy of its financial support are not as yet available.

9. The following motion was passed by the Council after the receipt of this report:

That sincere commendation be extended to Drs. Brown, Yeo and Pownall for their excellent work in connection with the study on dental public health being carried out at the University of British Columbia.

Geriatrics in Dentistry

10. Considerable problems have presented themselves in obtaining reliable material that would provide a firm basis from which to launch a study on this question. Information that a graduate student at the University of Alberta is endeavouring to initiate a study on this matter was brought forward at the meeting. Steps are being taken to ascertain the scope of this study and to offer any assistance that this Council may be able to provide.

National Dental Health Day

11. This is a subject which has been discussed by the Council many times over the past years. Studies have shown that the main problems to be overcome as far as the national dental organization was concerned were availability of full-time staff and finances. With the addition of Mr. Bowen to headquarters staff, it was felt that perhaps now is a propitious time to re-examine the possibility of a nationally sponsored dental health day.

Newspaper Column

12. A suggestion was received that a nationally syndicated newspaper column be instituted. A committee was established to investigate details of developing a syndicated type of newspaper release. A report on the feasibility of this suggestion is to be received at the next meeting of the Council.

International Classification of Diseases

13. Dr. R. M. Grainger reported that WHO is expected to adopt a new standard survey system following the completion of field trials in several countries during 1967. This standardized system should make it possible for a survey in one country to be statistically compared to that of another. However it does not mean that all the details that might be expected in a complete examination in a highly dental conscious country would be included since this would nullify data from a less highly developed area.

Dental Plan for Children

14. The first draft of the Dental Services Committee's plan for children was available for only a cursory review. General approval was given and a committee was set up to study the proposed educational and promotional program.

Oral Cytology

15. The Council passed a motion that the Council on Public Health support strongly the recommendation of Dr. C. H. M. Williams (CDA representative to the National Cancer Institute of Canada) that the Association request the Institute to underwrite the cost of reprinting and distributing to every dentist in Canada the article "The Ontario Oral Cytology Study at the end of Two and One-Half Years", by Hunter and Anderson, published in the December 1966 issue of the *Ontario Dental Journal*, with an explanatory letter signed by the Institute and CDA.

16. Subsequent to the time of the meeting word was received by the Canadian Dental Association that the National Cancer Institute of Canada had seen fit to comply with the request stated in the above motion.

Appreciation is expressed to the National Cancer Institute of Canada for defraying the cost of printing and distributing to every dentist in Canada reprints of "The Ontario Oral Cytology Study at the end of Two and One-Half Years".

The report of the Council on Public Health is mostly informative in nature. The activities of the Council on behalf of the Association during the past year are greatly appreciated.

Moved by Edgecombe, seconded by Mussells:

That the report of the Council on Public Health be adopted as amended.

ADOPTED

RESEARCH

MEMBERS: *R. M. Grainger, Chairman, Toronto; G. H. Beaton, Toronto; W. R. Bruce, Toronto; H. S. Grey, Toronto; J. D. Spouge, Vancouver; D. C. Teskey, Toronto; M. C. Johnston, Toronto; H. G. Poyton, Toronto; A. Demirjian, Montreal; J. F. Cleall, Winnipeg; R. H. Bingham, Halifax; R. V. Blackmore, Edmonton; L. E. Francis, Montreal; Z. Kasloff, Winnipeg; D. S. Moore, London.*

REPORT

(comments and action in **bold face type**)

Annual Meeting

1. The annual meeting of the Council on Research was held April 6-7, 1967 at CDA headquarters. The chairman of the Associate Committee on Dental Research of the National Research Council, Dr. R. V. Blackmore, was in attendance as he is also a member of the Council. Dr. R. A. Connor, as chairman of the Dental Research Advisory Committee, Department of National Health and Welfare, also attended. Three members, Drs. H. S. Grey, J. D. Spouge and W. R. Bruce, who are retiring from the Council, were not in attendance.

Commendation of Retired Chairman

2. The Council on Research records its sincere appreciation of the highly competent and devoted services of Dr. K. J. Paynter during his nine years as chairman of this body, and extends its best wishes to Dr. Paynter as he embarks on his new career as Dean of the Faculty of Dentistry at the University of Saskatchewan.

The commendation of and best wishes to the retired chairman of the Council, Dr. K. J. Paynter, are worthy of repetition.

Reprint Service

3. It is recommended that the reprint service supported by funds from the Canadian Dental Research Foundation be discontinued because there is currently less need for such use of funds and in order to make possible the establishment of a research award (see item 4).

ADOPTED

CDRF Research Award

4. A sub-committee of the Council recommended that an annual award, to be called the CDRF Research Award, be established using funds from the income of the Canadian Dental Research Foundation. The award would be given annually for the best dental research paper by a graduate student in a Canadian university. It would take the form of a \$500 prize and the name of the winner would be inscribed on a suitable plaque or trophy which would be held by the university concerned for the year. The Council unanimously approved of the principle and requested the sub-committee to prepare a more detailed report pending consideration by the Board of Governors.

In support of this recommendation the following resolution is presented:

Whereas use of CDRF for providing a reprint service is no longer required due to availability of funds from other sources, and

Whereas there is need to encourage new research workers and give recognition to scholastic excellence, therefore be it

Resolved that a CDRF prize of \$500 and a perpetual trophy be awarded each year for the best graduate student dental research report, the student being

the recipient of the money, the trophy on which the student's name may be inscribed being held for one year by the university concerned, and that further details of the award be worked out by the Council on Research and referred to the Executive Council for approval.

ADOPTED

Canadian Standards Association

5. The sub-committee on Canadian Standards Association recommended that there be study of the need and possibilities for establishing some agency to set standards and review claims of manufacturers concerning dental materials, drugs and equipment on behalf of the profession. The suggestion was also made that there be an effort to have a CDA representative observer at the standards meeting during the FDI meeting in Paris in July, 1967 in order to learn about international activities in this field.

Conference on Dental Research

6. A conference of Canadian dental research workers was held at Riding Mountain Park in Manitoba, October 3-5, 1966, under the co-sponsorship of the CDA Council on Research and the Associate Committee on Dental Research, National Research Council. This conference was the largest attended to date and the presentations gave evidence to the high calibre of work by Canadian dental scientists. A business session was devoted to the ways and means of providing more basic science staff for Canadian dental schools and a sub-committee under Dr. I. Kleinberg was asked to look into the possibilities of arranging for an intensive study of the problem.

Canadian Dental Research Foundation

7. (a) Officers elected at the annual meeting were: R. M. Grainger, President; W. G. McIntosh, Secretary; H. G. Poyton, executive member.
- (b) The financial statement for the year ended December 31st, 1966 is given as Appendix A.

Use of ADA Seals and Statements in Canadian Advertising.

8. Previous statements from the 1965 *Transactions* (p. 163-4 and 172-3) were modified so as to embrace seals and statements of product approval emanating from all ADA agencies (Appendix B). Clarification was made that the statement applied mainly to professional advertising in the *Journal of the Canadian Dental Association* and that there should also be surveillance of other public advertising such as in the popular press.

The modification of policy stated in sentence 1, paragraph 8, is adopted.

Guidance on the Use of Materials, Devices and Therapeutic Agents

9. Arising from the report of the sub-committee on Canadian Standards Association (item 5), Council expressed the opinion that in the foreseeable future the Association must undertake to provide some guidance as to the value of Canadian products offered to the dental profession. The suggestion was made that testing laboratories might be required but this was set aside in favour of the idea of a permanent review committee which might be the sub-committee on Canadian standards.

RESEARCH

The Board agrees in the desirability of the Association being able to provide guidance in assessing the value of products offered to the dental profession and recommends that the Council proceed to outline the form and method that this assessment should take.

Radiation Protection Division, Department of National Health and Welfare

10. (a) A member of the staff of the Radiation Protection Division presented a report on the safety of dental x-ray equipment tested in a region near Ottawa (Appendix C). Although no extremely dangerous equipment was discovered, there was considerable evidence of unnecessary radiation due to use of slow films and antiquated machines.
- (b) A report was received on the value of a special protective cone advocated by an Association member, Dr. C. Okun. The device was proven to reduce secondary radiation but the slight secondary radiation emanating from a standard long cone machine was not considered in any sense dangerous. The report is on file.
- (c) Dr. Okun also drew to the attention of the Council the probable value of an x-ray tube head design advocated by Dr. A. G. Richards and described in the *Journal of the American Dental Association* 73:69-76, July 1966. The Council was pleased to note that this tube is now being manufactured.

Statement on Control of Radiation Hazards in the Use of Dental X-rays.

11. The statement on control of radiation hazards from the 1963 *Transactions* (p. 163-5) was revised to incorporate suggestions for the protection of the operator (Appendix D). It was recommended that funds from the CDRF be used to mail copies of the statement to the complete membership, if possible in a form suitable for hanging in an office anteroom.

ADOPTED

Survey of Dental Research

12. In compliance with the action of the Board of Governors, a survey of dental research was conducted in the spring of 1966 (Appendix E). At the same time, Council expressed the opinion that biennial surveys would be quite frequent enough and that 1968 should be the time for the next survey.

Fluoridation

13. (a) A statement of the CDA position regarding water fluoridation (*Transactions* 1966:166) was again adopted (Appendix F) to ensure the public of the continuing support of the Association for this beneficial public health measure.

The CDA statement on fluoridation (Appendix F) is re-endorsed.

- (b) The statement on fluoride supplements from the 1964 *Transactions* (p. 159-162) was modified slightly to include the possibility of fluorides being effectively administered in the home by metering devices attached to the domestic water supply (Appendix G).

ADOPTED

- (c) The value of fluorides to adults was discussed and Mr. L. H. Bowen was instructed to bring in a report at the next annual meeting on current medical opinion regarding therapeutic use of fluorides.

Science Secretariat of the Privy Council

14. This agency has expressed interest in conducting a survey of dentistry in Canada. It was recommended that conversation be held with the Science Secretariat to explore the possibilities of their conducting a study of the profession. A study currently being undertaken by the Medical Research Council of Canada of all medical research facilities has not included dentistry in its initial work and the feeling was that a broader study than just research facilities was indicated. The substance of the Science Secretariat offer will be transmitted to the Board of Governors.

Reference sentence 2, paragraph 14, this recommendation is adopted.

Carbohydrates and Dental Caries

15. An enquiry from a manufacturer of potato chips raised a question about the Association's position concerning the use of these "non-cariogenic foods". It was decided that there might be reason for giving more encouragement to the promotion of less cariogenic snacks to replace candies and that the Association's current policy (*Transactions* 64:158-9) should be reviewed prior to the next annual meeting of the Council.

The following resolution is presented:

Whereas the interests of dental health are well served by the encouragement of the use of less cariogenic foods and beverages, and

Whereas one manufacturer has requested a positive statement by the Association of this truism, and

Whereas the Association's current policy is a negative one, discouraging the consumption of cariogenic foods and beverages, therefore be it

Resolved that the Council on Research draft an addition to this policy statement supporting positively the merits of the consumption of less cariogenic foods and beverages.

ADOPTED

Dental Health Plan for Children

16. The draft of the Dental Health Plan for Children, prepared by a sub-committee of the Dental Services Committee, was brought to the attention of the Council and comments were invited.

Fellowships and Studentships

17. (a) Eight applications were received for fellowships to a total of \$19,000. Four fellowships were granted (Appendix H).
Fourteen applications were received for undergraduate studentships to an amount of \$10,030. Two studentships have been allocated and \$475 has been earmarked for a third award.

This exhausts the \$12,000 allocated for this purpose in 1967.

(b) It was recommended by the Council that the CDA withdraw its fellowship and studentship program and lend support to the Canadian Fund for Dental Education. It was also recommended that the CFDE be informed of the names of those receiving current support with the hope that they would be given a high priority for future support.

RESEARCH

In support of the recommendation contained in sentence 1, paragraph 17(b), the following resolution is presented:

Whereas the Canadian Fund for Dental Education and the Council on Research have each been involved in financially assisting dental research training, and

Whereas the avoidance of duplication of effort is desirable, and

Whereas the Association's support of the fellowship and studentship program of the Council on Research is being gradually withdrawn in favour of supporting the Canadian Fund for Dental Education, therefore be it

Resolved that the Association terminate its fellowship and studentship program as presently administered by the Council on Research in favour of giving this same support to the Canadian Fund for Dental Education.

ADOPTED

A further resolution was presented, on motion from the floor:

Whereas this Association's support of the fellowship and studentship program has been through the Council on Research, and

Whereas these funds are now to be administered by the Canadian Fund for Dental Education, and

Whereas the Council on Research, with its broad representation, might be in a position to assist the Canadian Fund for Dental Education in this area, therefore be it

Resolved that liaison be established between the Council on Research and the Canadian Fund for Dental Education.

ADOPTED

Reference sentence 2, paragraph 17(b), this recommendation is ADOPTED.

Budget

18. A budget of \$1,500 to defray the cost of the annual meeting and sundry items has been requested.

Moved by Taylor, seconded by Abra:

That the report of the Council on Research be adopted as amended.

ADOPTED

Appendix A

CANADIAN DENTAL RESEARCH FOUNDATION
BALANCE SHEET

ASSETS

Current account		
Cash	1,300.20	
Accrued interest on bonds	216.29	1,516.49
Capital account		
Cash	208.77	
Government and government guaranteed bonds at cost (par value \$18,500.00)	18,411.38	18,620.15
		\$20,136.64

SURPLUS

Current account	1,516.49	
Capital account	18,620.15	
		<u>\$20,136.64</u>

STATEMENT OF CURRENT ACCOUNT REVENUE, EXPENDITURE
AND SURPLUS

Year ended December 31, 1966

Revenue		
Interest on investments held by trust company	1,828.54	
Bank interest	57.73	1,886.27
		<u>1,886.27</u>
Expenditure		
Trust company fees	44.08	
Transfers to Canadian Dental Association, General Account	580.00	624.08
		<u>624.08</u>
Excess of revenue over expenditure for year		1,262.19
Current account surplus at beginning of year		254.30
		<u>254.30</u>
Current account surplus at end of year		<u>\$1,516.49</u>

STATEMENT OF CAPITAL ACCOUNT SURPLUS

Year ended December 31, 1966

Capital account surplus at beginning of year	18,220.15
Government of Canada bonds, 4½%, September 1, 1983	400.00
	<u>400.00</u>
Capital account surplus at end of year	\$18,620.15

Appendix B

STATEMENT ON USE OF THE PRODUCT CLASSIFICATION
SYSTEM OF AMERICAN DENTAL ASSOCIATION COUNCILS IN
PROFESSIONAL AND PUBLIC ADVERTISING IN CANADA

1. The policy of the American Dental Association concerning the use of its statements in Canadian advertising for products which have been approved in the United States was re-confirmed in January 1965. The ADA policy, together with that of the Canadian Dental Association, is set out below.
2. The American Dental Association does not wish its classifications to be used outside the boundaries of the United States. The ADA feels that its responsibilities are to the American public, not others. Furthermore, ADA classifications refer solely to the American-manufactured products. The ADA can assume no responsibility for therapeutic claims about products made else-

RESEARCH

Appendix B

where. These two points — primary responsibility to the American public and lack of control over products manufactured outside the US — dominate the policy of the ADA.

3. The American Dental Association, in the interests of good relations with other professional dental organizations such as the Canadian Dental Association, would grant permission for its classification statements to be used outside the United States, but only on the expressed wish of the latter. Permission would be granted rather reluctantly, and, in Canada, only if the Canadian Dental Association took formal positive action, e.g. “expressly requested”, “approved”, or “sanctioned”. At the same time, in conformity with the policy as stated in paragraph 2, the ADA has made it quite clear that it would prefer not to be placed in a position of having to consider such a request.

4. The Canadian Dental Association does not screen advertising copy for dental products sold in Canada except when asked to do so. Then it is done only to ensure that the message in no way involves the name of the Association. The opportunity to do such screening is appreciated. The Association has no facilities to test or evaluate products and to develop a classification system such as that used by the American Dental Association. For this reason the CDA cannot officially screen advertising material for accuracy, therapeutic claims, etc. The latter is admirably done by the Food and Drug Division of the Department of National Health and Welfare with the advice of the Dental Division of the Department. The Canadian Dental Association is satisfied to have this arrangement continued.

5. The Canadian Dental Association can appreciate marketing value of a formal “statement of approval” in connection with dental products whether such a statement originates in Canada or in the United States. Nevertheless, the Canadian Dental Association will take no action that might embarrass the ADA. The CDA will not “request” or “approve” the use of statements of the ADA in advertising dental products manufactured in Canada.

6. For Canadian-manufactured products whose US counterpart has been accepted by the ADA, the ADA has no objection to its seal or statement of acceptance being displayed in *professional* advertising in Canada, provided the wording of the advertisements conforms to the same standards of permissibility required in similar advertising in the United States. Advertisers are requested to include a statement in their advertisements to the effect that “evaluations of the (name of agency) of the American Dental Association are limited to dental products made in the United States only”. All advertisements containing the ADA statement or seal of acceptance submitted to the *Journal of the Canadian Dental Association* are scrutinized to ensure they contain this reference to ADA activities, and advertisers are advised to submit their copy to the appropriate ADA agency for this clearance.

7. The American Dental Association has no objection to use of its seal or statement of acceptance in *public* advertising for dental products accepted by an appropriate ADA agency, when such products are manufactured in the United States and shipped to Canada for distribution. It is recommended that distributors of US-manufactured accepted products submit their advertisements and labelling to the appropriate ADA agency for clearance before issuing in Canada.

OTTAWA AREA DENTAL X-RAY SURVEY, JUNE — JULY 1966

*conducted by Radiation Protection Division,
Department of National Health and Welfare*

PRELIMINARY REPORT

In the summer of 1966, 86 dental x-ray units in the Ottawa area were inspected with the following aims:

1. To evaluate the effectiveness of the U.S. Dental 'Surpak' technique and to assess whether it would be feasible to set up a similar program in Canada.
2. To compare and contrast findings with a similar survey conducted in 1957.
3. To determine how well dentists are acquainted with the basic principles of radiation protection and what steps are taken to implement them.
4. To estimate the contribution that dental x-ray equipment makes to the total radiation exposure of the Canadian public.
5. To relate x-ray workload with type of dental practice, age and sex of patients etc.
6. To determine if differences in equipment standards exist between that found in progressive urban areas and that found in outlying rural areas.
7. To determine stray radiation levels in dentists' offices and adjacent rooms (for dentists' personal information).

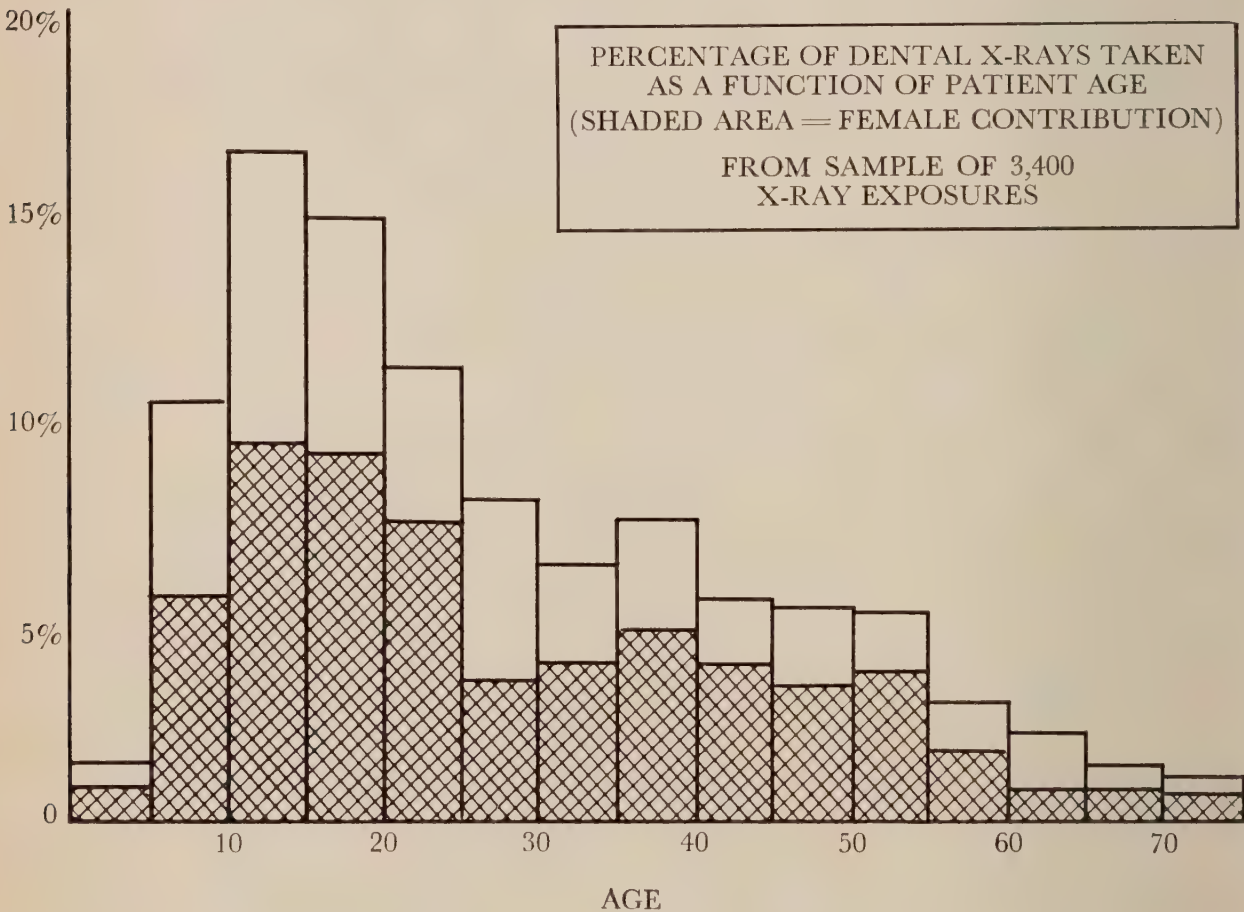
COMPARISON OF DENTAL SURVEYS UNDERTAKEN IN 1957 and 1966			
(1) AGE OF UNITS	1957	1966	RECOMMENDED VALUES (where applicable)
1-5 YEARS			
5-15	31%	43%	
OVER 15	49%	38%	
	20%	19%	
(2) OPERATING KILOVOLTAGE			
LESS THAN 60 Kvp	10%	25%	
60-70 Kvp	87%	56%	
MORE THAN 70 Kvp	3%	19%	
(3) MILLIAMPERAGE			
MAJORITY	10-12 mA	10-12 mA	
MAXIMUM	25 mA	16 mA	
(4) FILTRATION			
LESS THAN 1.5 MM	INSUFFICIENT	25%	LESS THAN 70 Kv-1.5MM
1.5-2.5 MM	DATA	54%	GREATER THAN 70 Kv-
MORE THAN 2.5 MM	AVAILABLE	21%	2.5 MM
			(MINIMUM VALUES)
(5) BEAM DIAMETER			
2.0"	6%	5%	
2.5"	19%	53%	
3.0"	12% (A = 3.28")	16%	(Av. = 2.85") 2.75" OR LESS
3.5"	55%	23%	
4.0"	2%	1%	
4.5"	3%	—	
5.0"	1%	2%	
5.5"	2%	—	
(6) FILM SPEEDS			
VERY SLOW (GROUP A)	21.3%	—	
SLOW (GROUP B)	58.7%	40.5%	
INTERMEDIATE (GROUP C)	20.0%	10.8%	
FAST (GROUP D)		44.5%	
EXTREMELY FAST (GROUP E)		4.2%	

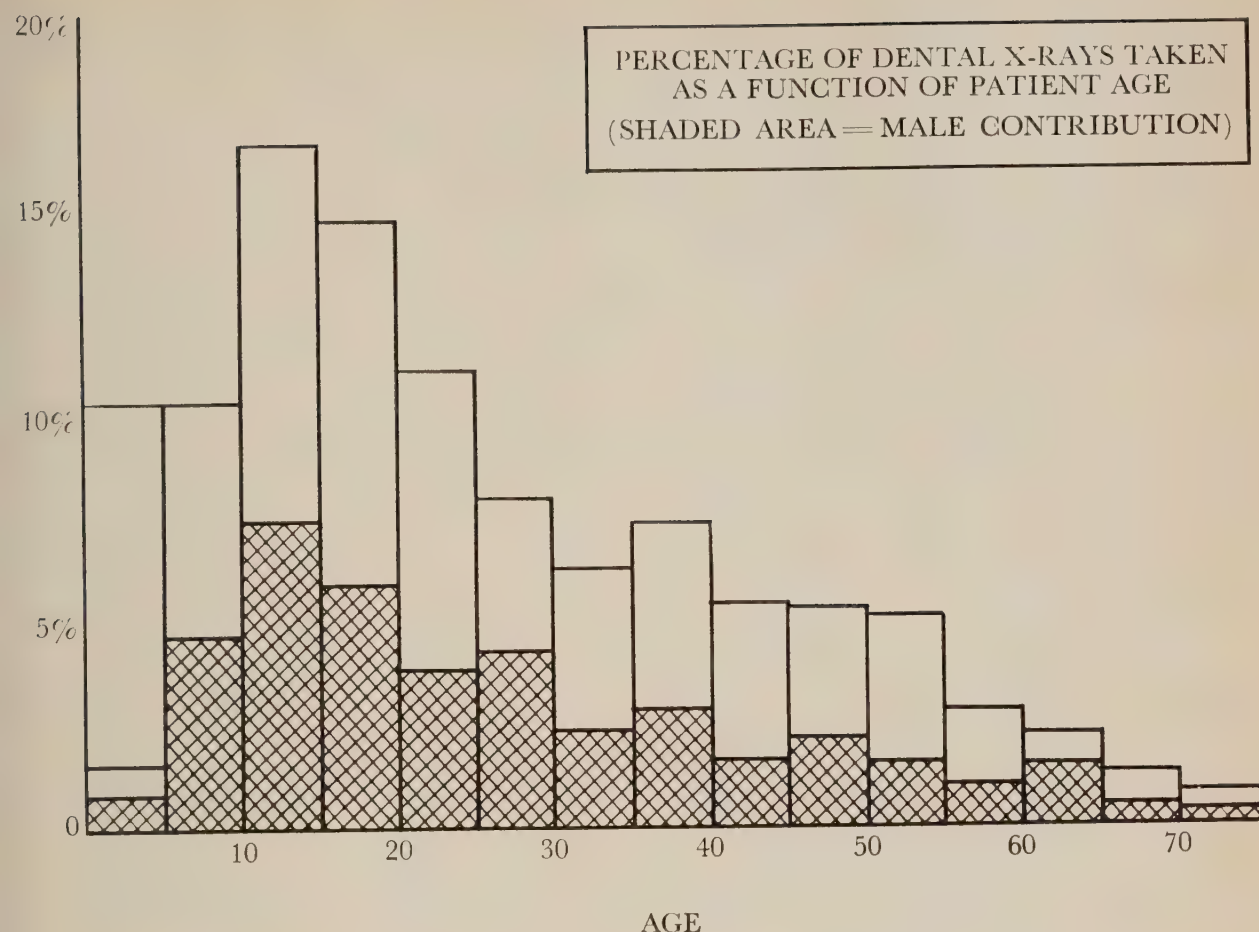
COMPARISON OF DENTAL SURVEYS UNDERTAKEN IN 1957 and 1966

(7) CONE LENGTHS	1957	1966	RECOMMENDED VALUES (where applicable) NOT LESS THAN 8"
4-6"			
7-8"	6%	32%	
12-16"	90%	65%	
	5%	3%	
(8) MACHINE WORKLOAD AVERAGE MAXIMUM	19 mA-min/week NOT KNOWN	8.6 mA-min/week 100 mA-min/week	
(9) TIMING DEVICE	MAJORITY MECHANICAL	ELECTRONIC 38% MECHANICAL 62%	
(10) TIMER CORD LENGTH LESS THAN 6 FEET 6-9 FEET 10 FEET OR MORE	40% 55% 5%	13% 79% 8%	9 FEET
(11) AVERAGE MACHINE OUTPUT	NOT KNOWN	0.16 R/mA.s	
(12) DOSE/EXPOSURE (AVERAGED FOR 89 X-RAY UNITS)	69% <5 R/EXP 31% >5 R/EXP Av. = 4.11 R/EXP	91% <5 R/EXP 9% >5 R/EXP Av. = 1.79 R/EXP	
(13) DOSE/EXPOSURE (AVERAGED FOR 3,400 EXPOSURES)	4.14 R/film	1.20 R/film	
(14) AVERAGE NO. OF X-RAYS TAKEN PER EXAMINATION	2.8	2.45	
(15) AVERAGE DOSE/EXAMINATION	11.5 R	2.95 R	

*DENTAL X-RAY EXPOSURES
ACCORDING TO AGE (5 year groups)*

<i>AGE</i>	<i>MALES</i>	<i>FEMALES</i>	<i>TOTAL</i>	<i>FEM/ TOTAL</i>
0-4.9	1.57% (22)	1.35% (27)	1.44% (49)	0.79%
5.0-9.9	11.56% (162)	9.36% (187)	10.27% (349)	5.50%
10.0-14.9	18.27% (256)	15.72% (314)	16.77% (570)	9.24%
15 -19.9	14.56% (204)	15.32% (306)	15.00% (510)	9.01%
20 -24.9	9.56% (134)	12.47% (249)	11.27% (383)	7.33%
25 -29.9	10.42% (146)	6.01% (120)	7.83% (266)	3.53%
30 -34.9	5.78% (81)	6.66% (133)	6.30% (214)	3.91%
35 -39.9	6.86% (96)	8.06% (161)	7.56% (257)	4.74%
40 -44.9	4.14% (58)	6.46% (129)	5.50% (187)	3.80%
45 -49.9	5.14% (72)	5.46% (109)	5.33% (181)	3.21%
50 -54.9	3.93% (55)	6.21% (124)	5.27% (179)	3.65%
55 -59.9	2.71% (38)	2.95% (59)	2.85% (97)	1.74%
60 -64.9	3.64% (51)	1.30% (26)	2.27% (77)	.77%
65 -69.9	1.36% (19)	1.30% (26)	1.32% (45)	.76%
>70	.50% (7)	1.35% (27)	1.00% (34)	.79%
	100% (1401)	99.98% (1997)	99.98% (3398)	58.76% (1997/3398)





*DENTAL X-RAY SURVEY 1966
MACHINE WORKLOADS*

GENERAL PRACTICE	(52)	330.3 mA sec/week
ORAL SURGERY	(2)	3368.9 mA sec/week
PROSTHODONTIC	(1)	1045.0 mA sec/week
PERIODONTIC	(2)	1005.0 mA sec/week
PAEDODONTIC	(2)	325.5 mA sec/week
ORTHODONTIC	(4)	432.2 mA sec/week

GENETIC DOSES

Average machine output	=	0.16 R/mAs
Average weekly workload	=	330 mAs
Average weekly dose	=	330 x 0.16
	=	53.0 R/week to month

RESEARCH
Appendix C

Now parallel studies indicated a patient gonadal dose of approximately 0.03 mR/exposure dose of 1 R.

$$\begin{aligned} \text{Average weekly dose/patient gonads/dentist} &= 53 \times 0.03 \\ &= 1.6 \text{ mR} \\ \text{Average annual dose/patient gonads/dentist} &= 80.0 \text{ mR} \\ \text{Assuming 1 dentist/2,000 individuals in Canada} & \\ \text{Average population genetic dose} &= \frac{80}{2,000} \\ &= 0.04 \text{ mR/individual/year} \end{aligned}$$

CONCLUSIONS AND RECOMMENDATION

1. Provision of permanent filters of at least 1.5 mm of aluminium and 2.5 mm of aluminium respectively for machines capable of operating up to and above 70 Kvp (26% of all units inspected lacked adequate filtration).
2. Use of higher kilovoltages in the 70-90 Kvp range.
3. Improvements in beam collimation to limit the beam diameter to about 2"-2.5" at the skin surface.
4. Use of electronic timing devices which will control exposure times to within fractions of a second so that faster films may be used (10% of units inspected were equipped with inaccurate and unreliable timers).
5. Use of longer cones as an alternative to the provision of electronic timers. Reduction in dose rate at 16" allows fast film to be used with no alteration in exposure times.
6. Use of high speed film.
7. 'Deadman' exposure switches should be mandatory. (13% of all units inspected did not have this type of switch).
8. Adoption of proper developing procedure as recommended by film manufacturers.
9. Improved darkroom facilities (13% of installations visited were considered poor in this respect).
10. Provision of lead aprons for patient protection (only 33% of dentists visited possessed such an apron).

Appendix D

CONTROL OF RADIATION HAZARDS IN THE USE OF THE
DENTAL X-RAY APPARATUS

1. In modern dentistry the X-ray is accepted as an indispensable diagnostic aid. Nevertheless there can be hazards both to the operator and the patient from the injudicious use of X-rays. These hazards take three main forms: skin changes, damage to deeper tissues, and genetic harm. The first of these is more likely to be seen in the operator since, if he is unwise enough to hold the film

in the patient's mouth, it is the skin of his hands which is liable to receive excessive radiation. Such damage as occurs is seen as dermatitis or malignancy. Damage to the deeper tissues could include almost any structure, but the bone marrow and lymphatic tissue require special consideration as the adverse effects of radiation here may be seen as leukaemia. The genetic effects of radiation have attracted considerable attention because it is known that X-ray exposure of the gonads may result in damage which will only be manifest in later generations. In addition the power of recovery following radiation is less for gonadal tissue than for somatic tissues; furthermore, the safety threshold dose for the gonads is not known but it is thought to be much lower than for other tissues.

2. Details of precautionary steps are outlined below under protection of the patient and protection of the operator, but many points concern the restriction of X-ray output and they therefore will be of general benefit.

Protection of The Patient

3. (a) The patient should be questioned concerning recent X-ray exposure to the head and neck. If this has been large, there should be a minimum time lapse of three weeks before further exposures are made.
- (b) The X-ray beam should be collimated. This means that the beam emerging from the head of the X-ray apparatus is limited to the area under investigation. This can be achieved by various types of equipment, the simplest of which is a lead diaphragm at the base of the pointer cone. For intra-oral radiographs the diameter of the X-ray beam should not be more than $2\frac{3}{4}$ " at the level of the patient's skin.
- (c) Filters of pure sheet aluminum should be placed between the X-Ray beam source and the patient to yield a total filtration equivalent to 2 m.m. of aluminum. This procedure will reduce the skin dose by absorbing most of the soft radiation from the beam. Soft radiation is referred to as the non-useful beam since it is not instrumental in forming the radiograph but an excessive amount could cause damage to the patient's skin.
- (d) The fastest practicable film should be used, bearing in mind the overriding factor that it must give a radiograph of good interpretative value. In order to obtain best results a fully-controlled time and temperature developing technique must be used. Any reduction in developing time will necessitate increasing exposure time.
- (e) The optimum kilovoltage (Kv), considering safety and the quality of the radiographic picture, is still a matter of discussion but it is probably correct to say that the majority opinion favours the 60 Kv to 90 Kv range. This factor, however, is of less importance than some of the other points which are here discussed.
- (f) The problem of X-ray leakage from the housings of modern X-ray machines is very slight. With older X-ray machines which might have inadequate or faulty shielding in the tube housing, this leakage can be significant. Radiation from this source can be detected by means of radiation instruments or films. (Radiation detection services are available through most of the provincial health departments.)

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- (g) The use of a leaded apron on the patient is recommended as a simple means of protecting the gonads from irradiation.
- (h) In cases of pregnancy, the above mentioned precautions should be meticulously observed and a protective apron providing full coverage should be used routinely.

Protection of The Operator

- 4.
 - (a) The danger to the operator arises from primary radiation caused by direct exposure to the X-ray beam and from secondary radiation scattered from the pointer cone of the apparatus, the patient's face, or any other object exposed to the primary beam.
 - (b) The following precautions are necessary to protect the operator from the primary beam:
 - (i) Never stand in the path of the primary beam.
 - (ii) Never hold a film pack in the patient's mouth whilst an exposure is being made.
 - (iii) Never hold the pointer cone or the tube housing of the X-ray apparatus during exposure.
 - (c) The following precautions are necessary to protect the operator from secondary radiation:
 - (i) The cord to the timer switch should be long enough to permit the operator to stand about ten feet from the patient during operation of the machine. Exposure to scattered radiation decreases with the distance the operator stands from the patient (the intensity of radiation varying inversely as the square of the distance from the source).
 - (ii) The safest position for the operator during the exposure of dental film is approximately at a right angle to the direction of the X-ray beam.
 - (iii) If these precautions cannot be followed, or as an added safety measure, the operator may be able to stand behind a wall (brick or concrete) or a lead screen.
 - (d) The operator may wish to check on the effectiveness of his safety precautions. This can be done in many ways, the most reliable of which is utilization of the Radiation Protector Service (Address: Film Monitoring Service, Radiation Protection Division, Dept. of National Health & Welfare, Brookfield Road, Ottawa 8, Ont.).
- 5. In conclusion, it must be emphasized that the X-ray apparatus should only be used by a person who has been trained in its correct use. It is only by this means that the patient can receive the advantage of X-rays in dentistry without there being a risk of over-exposure to the patient or the operator.

Appendix E

SURVEY OF DENTAL RESEARCH IN CANADA — 1966

- 1. The first survey of the status of dental research in Canada was conducted by the Council on Research of the Canadian Dental Association in 1954. Other

surveys followed in 1959 and 1964 (CDA *Transactions* 1965: p. 165-171) i.e. at five-year intervals. At a meeting of the Council in April 1966, it was decided that because dental research appeared to be expanding so rapidly, it would be wise to conduct another survey after an interval of only two years rather than wait the full five year period, and that surveys should be conducted on an annual basis thereafter.

2. Accordingly, questionnaires were sent to all dental schools and directors of dental public health in Canada. Results are shown in Tables 1-4.

3. It was readily evident from the comments of several schools that the type of questionnaire used for this and other surveys should be modified. With the current rapid expansion in dental education, and the concomitant development of a variety of patterns of integration with medical schools, it is no longer possible to isolate such factors as space, and sometimes even personnel, and designate them strictly for dental research.

4. Despite certain limitations in the data, the current survey clearly demonstrates the continued and rapid upward trend in dental research occurring in Canada. Figures are included from only seven schools. None are reported for the Faculty of Dentistry, University of Western Ontario, which at the time of the survey was still in the planning stage. Suffice to say that research is expected to play a significant role in the activities of that school, as it does in all others.

5. Only a few replies to the questionnaire were received again from dental public health officers across the country and these indicated that, with one or two exceptions (notably in western Canada), little research is being carried out in departments of dental public health.

6. The most useful data for comparative purposes was provided by the dental schools, and only these are shown in the accompanying tables.

Number of Research Personnel — Table 1

7. The number of professionally qualified people doing research in the dental schools of Canada has increased by a total of eighteen since 1964 and of this number eleven are dentists who have taken graduate training leading to a research degree. This increase reflects not only the fact that one more school is included in the present report than that of two years ago, but also new personnel have been added to the staffs of existing schools.

8. The number of professional personnel now engaged in research in Canadian dental schools is more than two and one half times that of only seven years ago, while only two new schools have become active during the same period.

Research Space and Equipment — Table 2

9. The amount of space allocated for research in the dental schools has increased significantly between 1964 and 1966, primarily because of provision of additional space in the schools reporting in 1964. Available research space at the University of British Columbia in 1966 added 1,000 square feet to the total, and this was in non-dental school buildings.

10. It also appears that the schools are more adequately equipped for research

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than they were in 1964, half of the six schools that reported indicating that they are reasonably well equipped. Two years ago only two of the six so reported.

Graduate and Post-graduate Students — Table 3

11. Perhaps the most significant observation emanating from the 1966 survey is that the number of graduate and post-graduate students in Canadian dental schools has tripled (from 31 to 90) in the two years between 1964 and 1966. Approximately half of the 90 students registered in 1966 were in courses of study leading to a higher clinical qualification, and about one third in programs essentially leading to research competence.

12. Presumably these numbers will not decrease in the future, and are more likely to increase, although perhaps at a somewhat slower rate. In any case, it appears certain that a number of qualified individuals will be seeking academic employment in the near future and funds to support them must be available. An increased need for research funds, particularly in the form of postdoctoral fellowship awards, is obvious.

Research Expenditure — Table 4

13. The amount of money spent on dental research during 1966 through extramural grants is simply another reflection of the rapid expansion of the program which is occurring in Canada. Between 1964 and 1966, research spending in dental schools almost doubled, from \$247,000 to almost \$611,000. As in the past, most of the money was provided through the National Research Council of Canada, although the funds for dental research from the Department of National Health and Welfare have shown the greatest relative increase in the two-year period under comparison.

14. One important source of support not shown in Table 4 and generally completely overlooked is the indirect support for research provided by the universities of which the dental schools are a part. A dollar estimate of the contribution of the universities in terms of space, light, heat, power, staff salaries, etc., might well prove to be even greater than extramural grants provide.

15. Comparison of the extramural support for dental research for 1954 through to the present indicates that dental research is apparently on an upswing approximating the magnitude of that for medical research some years ago, and it should continue.

16. It is interesting to compare the actual extramural support for dental research in 1966 with estimates made a few years ago. If the current trend continues, research spending in dentistry should easily reach the high estimate of \$1,125,111 for 1968 that was predicted by the Canadian Dental Association in their Brief to the Royal Commission on Health Services in 1962 and, indeed, the CDA figure may prove to be quite accurate.

Table 1
Number of Research Personnel
Canadian Dental Schools
1954-1966

Year	School	Professional Personnel				Technical personnel
		D.D.S. only	D.D.S. plus research degree	Research degree only	Total	
1954	5 Schools*	10	11	9	30	13
1959	5 Schools**	3	21	4	28	13
1964	6 Schools***	6	41	10	57	38
1966	Alberta	2	7	1	10	5
	British Columbia	3	7	1	11	2
	Dalhousie	1	4	0	5	1
	Manitoba	1	8	5	14	19
	McGill	3	2	2	7	2
	Montreal	0	7	1	8	5
	Toronto	1	17	2	20	15
	Totals	11	52	12	75	49

**Transactions* 1954-55: 152-155

***Transactions* 1960: 205-214

****Transactions* 1965: 165-171

Table 2
Research Space and Equipment
Canadian Dental Schools
1954-1966

Year	School	Research Space (sq. ft.)		Equipment	
		Dental School	Other	Adequate	Inadequate
1954	5 Schools*	4,600	3,117	2	3
1959	5 Schools**	28,450	1,700	3	2
1964	6 Schools***	36,920	2,930	2	4
1966	Alberta	3,120	530		X
	British Columbia		1,000	—	—
	Dalhousie	1,100	1,300		X
	Manitoba	8,500	300	X	
	McGill	4,328	486	X	
	Montreal	8,000	—	X	
	Toronto	25,000	400		X
	Totals	50,048	4,016	3	3

Table 3
Graduate and Post-graduate Students
Canadian Dental Schools
1954-1966

Year	School	Number of Students					Total
		Graduate			Post-graduate		
		M.S.			Clinical Spec.	Other	
		Ph.D	Clinical	Other			
1954	5 Schools*	-	7	-	-	-	7
1959	5 Schools**	-	-	6	12	3	21
1964	6 Schools***	3	2	9	13	4	31
1966	Alberta	-	-	3			3
	British Columbia	-	-	-	-	-	-
	Dalhousie	-	-	-	-	-	-
	Manitoba	5	1	10	0	1	17
	McGill	1	-	1	-	-	2
	Montreal		13				13
	Toronto	0	-	14	31	10	55
	Totals	6	14	28	31	11	90

*Transactions 1954-55: 152-155

**Transactions 1960: 205-214

***Transactions 1965: 165-171

Table 4
Estimated Research Expenditure
Canadian Dental Schools
1954-1966

Year	School	Source of Funds					Total
		N.R.C.	M.R.C.	DNH&W	Industry	Other	
1954	5 Schools*	26,870		30,000		20,000	76,870
1964	6 Schools*	194,400		48,500	44,700	59,800	347,400
1966	Alberta	36,050	6,800	22,500	20,000	16,000	101,350
	British Columbia	18,720		11,410	3,700	17,130	50,960
	Dalhousie	7,000				1,500	8,500
	Manitoba	151,000	3,700	22,500	10,000	5,200	192,400
	McGill	9,200			2,000		11,200
	Montreal	13,000		35,000		2,000	50,000
	Toronto	151,918		27,443		16,879	196,240
	Totals	386,888	10,500	118,853	35,700	58,709	610,650

*Transactions 1965: 165-171

STATEMENT ON FLUORIDATION

Whereas tooth decay, by affecting the vast majority of people in Canada, is one of the major public health problems of our time, and

Whereas for over a quarter of a century scientific studies under a wide variety of controlled conditions have established fluoridation as one of the most extensively studied public health procedures, and

Whereas such studies reveal that the use of fluoride in the recommended amount of one part of fluoride to one million parts of water is completely safe and is effective in reducing tooth decay by approximately two-thirds, and

Whereas fluoridation benefits children and the benefits extend into adult life, therefore be it

Resolved that the Canadian Dental Association reiterates its recommendation to the people of Canada that communities having a public water supply adopt a procedure for adjusting the fluoride content of their water supply to a level considered optimal for the maximum prevention of dental decay, and for this purpose seek competent dental, medical and engineering advice.

Appendix G

FLUORIDE SUPPLEMENTS FOR PREVENTION OF DENTAL CARIES

Introduction

1. The most effective and least expensive method of caries prophylaxis for the general population is adjustment of the fluoride content in community water supplies to a level of one part per million. Some upward adjustment of this level may be advisable in colder areas (1).

2. In areas where communal water supplies do not exist, or where fluoridation is not yet in operation, and where the fluoride concentration in the drinking water is less than 0.7 ppm, alternative methods of fluoride administration should be considered in order to extend the benefits of fluorides to such areas. It should be emphasized, however, that from a public health standpoint, home administration of fluoride is not a dependable substitute for communal fluoridation of drinking water, since to be effective the former requires an extensive period of exacting and intelligent co-operation in the individual household. There is at present sufficient information regarding fluoride concentrates and caries prevention to conclude that such supplements, if properly used, will reduce the incidence of caries in children (2). It is not yet possible to state how the degree of protection from home administration compares with regular consumption of communally fluoridated drinking water.

Specific Techniques of Fluoride Supplementation

3. (a) *Use of Home Fluoridated Water*

The procedure which most nearly duplicates communal fluoridation

in principle is the use in the home of water which has been adjusted to contain 1 ppm. of fluoride. Practical details for the preparation of such drinking water in the home are given in Table 1 (a) and Table 2. This same concentration could also be provided by automatic metering devices attached to a domestic water system. If this water is used for all drinking and cooking purposes, the method would duplicate communal fluoridation, and as such would be expected to yield similar results. This is the method of choice for administration of fluoride to infants since water intake is the regulator of the amount of fluoride ingested. Practical considerations may necessitate use of alternative procedures described in (b) below.

(b) *Use of Fluoride Concentrates*

For children who consume little water, or where water is normally drunk from several sources each day, as for children attending school, the practical technique for administering fluoride is as a supplement given daily dissolved in a small volume of water or other liquid.

The best estimate that can be made at present of a suitable total daily dosage of supplemental fluoride is based on the average computed fluoride intake of children of comparable ages living in fluoridated areas. The recommended dosage of supplemental fluoride according to age and quantity of fluoride already present in natural water supplies is shown in Table 3. The increases in the amount of fluorine from infancy through childhood to early adolescence correspond to the increase in intakes which occur in communally fluoridated areas as children grow older.

Examples of practical means of supplying these dosages are indicated in Table 1 (b) and Table 4. Some proprietary fluoride preparations can also be adapted to supply the dosages indicated.

There are no hazards when fluoride supplements are used by reliable families in the manner prescribed. To safeguard against accidental poisoning of small children, it is recommended that no more than 60 milligrams of fluoride ions be dispensed at one time. This amount of fluoride is sufficient for two months use at a rate of one milligram of fluoride ion per day, and is well below the lethal dose. The latter is approximately two to five grams of fluoride ion for adults and corresponds to an estimated dose of 350 to 700 milligrams of fluoride ion for a 10 kilogram child. The supply of fluoride tablets or solution should be kept out of reach of children.

Mode of Action of Fluoride

4. For optimum benefits to the individual tooth the ingestion of fluoride must be commenced during the period of pre-eruptive maturation of the surface of enamel. For example, the first permanent molar will receive optimum protection from fluorides even if the child does not commence ingestion of fluoridated water until three or four years of age, although development of the first molar crown

is well advanced at that age. This phenomenon is explained on the basis of fluoride deposition on the surface of enamel, prior to eruption, in sufficient concentrations to reduce dental caries.

5. Since most of the enamel surface of the primary teeth is formed after birth, administration of fluoride to gravid women should not be necessary to obtain a significant caries prophylactic effect on the primary teeth of the offspring. It should be noted that there is no proved contra-indication to fluoride administration during pregnancy; it is simply not necessary.

6. Fluoride administration should commence shortly after birth and continue until the second permanent molars have erupted at the age of 12 to 14 years. The third permanent molars will not benefit from this program. Since these teeth develop much later in life, and are often removed, a reasonable age to stop administration of supplemental fluoride is after eruption of the second permanent molars.

7. Topical applications of fluoride using stannous fluoride, sodium fluoride, or fluoride-phosphate solutions, may be advisable, either in conjunction with, or after cessation of, systemic fluoride therapy in order to increase fluoride concentration on the enamel surface. The use of a dentifrice containing a satisfactory stabilized form of fluoride is also recommended both in childhood and during adult life in order to increase further the amount of fluoride which is deposited on the enamel surface.

Multiple Vitamin-Fluoride Supplements

8. Although some of the commercially available vitamin-fluoride combinations may satisfactorily answer the requirements in the individual cases, these products are considered to have a number of important drawbacks. The fixed formulation of the multiple preparations does not permit control over the dosage of individual constituents. Thus it is not feasible to adjust the supplemental fluoride intake for the age of the patient, nor for concentrations of fluoride already present in the drinking water. Similarly, it is not readily possible to modulate the amount of supplemental vitamins (e.g. vitamin D) in order to compensate for the variable and frequently excessive intakes obtained from commercially enriched foods. Since a considerable time must elapse before the deleterious effects of excessive or insufficient intake of fluoride or vitamin D will become manifest, misuse of the combined medication would not be readily apparent. Therefore, at the present time the use of vitamin-fluoride preparations is not recommended until long-range studies establish their efficacy in clinical practice.

References

- (1) McPhail, C.W.B. and Zacherl, W., personal communication, 1964.
- (2) Nikiforuk, G. and D. L. Fraser. Fluoride supplements for prophylaxis of dental caries. J. Canad. Dent. Assoc. 30:67, 1964. Am. J. Diseases of Child. Feb. 1964.

TABLE 1 Suggested prescription for fluoride.* (2)

- (a) Stock fluoride solution (1.0 mg. F - per ml.)
Rx sodium fluoride 0.11 Gm.
water to 50 ml.
Supply with dropper graduated for 0.25 ml. and 0.50 ml.
Sig.: Keep out of reach of children. Do not exceed recommended dosage.
- (b) Fluoride tablets (0.25 mg. F - per tablet)
Rx sodium fluoride 0.55 mg.
Supply: 200 tablets
Sig.: Keep out of reach of children. Do not exceed recommended dosage.
(For convenience, single-scored tablets, containing 2.2 mg. NaF (1.0 mg. F-), may be prescribed for older children.)

*Proprietary preparations of sodium or potassium fluoride, in solution or in tablet form, which permit simple and accurate modulation of dosage according to age and natural fluoride content of water as indicated in Table 2 may be confidently used.

TABLE 2 Method of fluoride administration by household use of fluoridated water. (2)

Formulation: Stock fluoride solution (1.0 mg. F- per ml.) or fluoride tablets (0.25 mg. F- per tablet, crushed) are added to 1 quart of water in the quantities shown depending upon the natural fluoride ion content of the existing water supply.

Prescription	Natural fluoride ion content of existing water		
	0-0.25 ppm	0.25-0.50 ppm	0.50-0.75 ppm
Stock fluoride solution (1 mg. F-/ml.)	1.0 ml.	0.5 ml.	0.25 ml.
Sodium fluoride tablet (0.25 mg. F-/tab)	4 tablets	2 tablets	1 tablet

Administration: To be used for all drinking purposes, preparation of juices and formulae, and for cooking.

TABLE 3 Recommended dosage of fluoride (mg. F-) according to age and natural fluoride content in water supplies. (2)

Age	Natural fluoride ion content in water, mg./litre (or ppm)			
	0-0.25	0.25-0.50	0.50-0.75	0.75+
0-12 mos.	0.25	0	0	0
12 mos.-4 yrs.	0.50	0.25	0	0
4-8 yrs.	0.75	0.50	0.25	0
8-12 yrs.	1.00	0.75	0.50	0

No fluoride recommended for pregnant women (see text).

TABLE 4 Method of fluoride administration by use of fluoride supplements. (2)

Administration: Stock fluoride solution (1.0 mg. F- per ml.) or fluoride tablets (0.25 mg. F- per tablet) are administered according to the following schedule, one daily. Tablets should be crushed and dissolved in formula, water, milk or juice. The schedule makes allowance for age of child and natural fluoride ion content of existing drinking water supply.

Age of child	Natural fluoride ion content of existing water					
	0-0.25 ppm		0.25-0.50 ppm		0.50-0.75 ppm	
	Stock soln. 1 mg.F-/ml.	Tablet 0.25 mg.F-	Stock soln. 1 mg.F-/ml.	Tablet 0.25 mg.F-	Stock soln. 1 mg.F-/ml.	Tablet 0.25 mg.F-
0-12 mos.	0.25 ml.	1 tablet	0	0	0	0
12 mos.-4-yrs.	0.50 ml.	2 tablets	0.25 ml.	1 tablet	0	0
4-8 yrs	0.75 ml.	3 tablets	0.50 ml.	2 tablets	0.25 ml.	1 tablet
8-12 yrs.	1.00 ml.	4 tablets	0.75 ml.	3 tablets	0.50 ml.	2 tablets

Appendix H

FELLOWSHIPS AND STUDENTSHIPS

A. Fellowships		
Grantee	Purpose	Amount
Dr. J. C. Duncan Toronto	Study leading to the M.Sc. degree in Paedodontics in the University of Toronto	\$ 1,800
Dr. G. E. Longhurst Toronto	Study leading to the M.Sc. degree in Pathology and Radiology in the University of Toronto	\$ 3,000
Dr. S. S. Miller Montreal	Study leading to the M.Sc. degree in Orthodontics in the University of Oregon	\$ 3,000
Dr. A. S. G. Yip Winnipeg	Study leading to the M.Sc. degree in growth and development in the University of Manitoba	\$ 2,300
	Total	<u>\$10,100</u>
B. Studentships		
Grantee	Sponsor	Amount
D. J. Goldenberg University of Manitoba	Dr. I. Kleinberg Biochemistry University of Manitoba	\$ 712.50
S. E. Levine McGill University	Dr. E. A. Hosein Biochemistry McGill University	712.50
Earmarked		475.00
		<u>\$1,900.00</u>

REPORT

(comments and action in **bold face type**)

A great many people and organizations have generously contributed to the success of this meeting. It is customary that the Secretary of the Association direct expression of our gratitude to those so involved.

The following are singled out for special recognition:

1. **Rev. A. Leonard Griffith, B.A., B.D., D.D., Deer Park United Church, who read the invocation at the opening session of the Board;**
2. **Dr. R. G. Ellis, general chairman of the 1967 Convention Committee, and Mesdames R. G. Ellis and W. J. Spence, co-chairmen of the ladies's program;**
3. **Mrs. O. J. Yule, chairman of the ladies' committee during the Board meeting;**
4. **President and Mrs. J. P. Coupland for their gracious hospitality at the Rosedale Golf Club;**
5. **Dr. J. D. Purves, President, and the directors and members of the Royal College of Dental Surgeons of Ontario for their hospitality at the Toronto Cricket Club;**
6. **Dr. J. B. Taylor, President, and members of the host Ontario Dental Association;**
7. **Mr. A. P. McKinnon, general manager, and the staff of the Royal York Hotel for their courtesy and service throughout the Board meeting and Convention.**

On motions from the floor, the following two resolutions were proposed:

8. **Whereas Brigadier K. M. Baird has served with great distinction as the Director-General of Dental Services for the Canadian Armed Forces, and Whereas Brigadier Baird, since the 1966 annual meeting of the Board of Governors of the Canadian Dental Association, has retired from that post, therefore be it**

Resolved that the Canadian Dental Association extend to Brigadier Baird its sincere appreciation for the services he has performed and the best of good wishes for a retirement replete with good health and happiness.

ADOPTED

9. **Resolved that the Canadian Dental Association congratulate Brigadier B. P. Kearney on his appointment as Director-General of Dental Services for the Canadian Armed Forces and welcome Brigadier Kearney as the representative of Federal Dental Services to the CDA Board of Governors.**

ADOPTED

It is understood that the Convention chairman will, in the name of the Association, express our appreciation to the many individuals, companies and other organizations which have contributed to the success of the Convention.

Moved by Bruce, seconded by Spence:

That the special resolutions report be adopted, as amended.

ADOPTED

(comments and action in **bold face type**)

Number 1

The Ontario Dental Association

Whereas, in the 1952 Constitution of the Canadian Dental Association, policy-making powers were the sole prerogative of the legislative body — the Board of Governors — and

Whereas this is regarded as normal and proper practice in constituent and responsible bodies — a principle which is well recognized throughout western society — and

Whereas many of these prerogatives, powers, responsibilities, and duties have now devolved upon a much smaller body — the Executive Council of the Board of Governors (1961 Constitution) — and

Whereas The Ontario Dental Association Board of Governors feel that this change is not in the best interest of the profession; therefore be it

Resolved that the Board of Governors of The Ontario Dental Association urge the Canadian Dental Association to study the CDA Constitution for the purpose of altering its content to conform with the 1952 Constitution in the section pertaining to the powers and duties of the Executive Council.

Resolution No. 1 was considered at very great length. The resolution is referred back to the ODA Board of Governors for further consideration.

Number 2

The Ontario Dental Association

Whereas the Board of Governors of The Ontario Dental Association believes that it would be useful and informative for more information to be given with respect to Canadian Dental Association motions, therefore be it

Resolved that the Board of Governors of the ODA recommends to the Board of Governors of the CDA that the mover, seconder and division of the vote be recorded and published for each motion.

In view of the reference committee procedure, as instituted at the 1967 Board of Governors meeting, the action proposed in resolution No. 2 is no longer pertinent. The resolution is referred back to the ODA Board of Governors for further consideration.

EXECUTIVE: J. D. Purves, President, Toronto; W. Scott, President-Elect, Vancouver; D. MacDougall, Secretary-Treasurer, Edmonton.

REPORT

(comments and action in **bold face type**)

1. The Canadian Academy of Restorative Dentistry held its annual business meeting and clinic day at Dalhousie University Dental School on Saturday, June 11, 1966, with the following program:

8:30 a.m. Registration

9:00 a.m. Papers given by: Dr. Ernest Ambrose, Montreal
Dr. Richard Roydhouse, Vancouver
Dr. James Purves, Toronto

12:30 p.m. Lunch — at the Dental School

1:30 p.m. Chair clinic demonstration: Dr. Wm. Scott, Vancouver
Dr. John Merritt, Halifax
Dr. L. J. Archibald, Halifax
Dr. Walter Grenkow, Winnipeg
Dr. E. S. Morrison, Halifax
Dr. George Gibb, Edmonton
Dr. Douglas MacDougall, Edmonton

4:00 p.m. Annual business meeting

7:30 p.m. Dinner meeting — Members and guests with wives, Nova Scotian Hotel.

2. The Canadian Academy of Restorative Dentistry, having complied with the requirements to become a Section of the Canadian Dental Association, has had its Constitution adopted. (*Transactions* 1966:80)

3. At the dinner meeting, Dean Hector MacLean was presented as an honorary member of the Academy.

4. The following executive was elected:

President	J. D. Purves, Toronto
President-Elect	W. Scott, Vancouver
Secretary-Treasurer	D. MacDougall, Edmonton
Area Representatives:	
Eastern Provinces	E. S. Morrison, Halifax
Quebec	H. Rosen, Montreal
Ontario	J. D. Purves, Toronto
Manitoba	S. Katz, Winnipeg
Saskatchewan	G. Schwann, Regina
Alberta	D. H. MacDougall, Edmonton
British Columbia	W. R. Scott, Vancouver

5. At present there are 41 active, 3 honorary and one associate members.

The report on Restorative Dentistry is informative in nature but a word of commendation is due to members of the Academy of Restorative Dentistry who are undertaking to promote the highest standards of service in this field.

Moved by Kearney, seconded by Purves:

That the report on Restorative Dentistry be adopted, as amended.

ADOPTED

MEMBERS: O. J. Yule, Chairman; R. L. Scott; P. T. Smylski; J. D. Stewart; C. D. Torneck; R. L. Twible; D. G. Woodside.

REPORT

(comments and action in **bold face type**)

1. At the 1966 annual meeting of the Board of Governors, this Committee was directed to review the existing policy of the Association with respect to specialties.
2. The Committee reviewed the present policy statement as given in *Official Actions of the Canadian Dental Association* 1950-1960 pages 91-93.
3. It discussed related policies of the FDI, the American and British Dental Associations.
4. The Committee decided that as a first step it should present a draft policy statement on Recognition of Special Areas of Dental Practice (see Appendix A). If the statement is adopted in principle, the Committee would attempt to improve the actual wording (in numbers 3, 5 and 7) for final presentation to the Board in 1968.

The following resolution is presented in support of the Committee's expressed wishes:

Whereas fundamental to the recognition of a specialty is the requirement that the specialty be based on a basic science comprehension and a clinical experience, both in considerably greater depth than that required by a general practitioner of high competence, and

Whereas the proposed draft policy as outlined by the Specialists and Specialization Committee does not appear to take adequate cognizance of this fundamental requirement, therefore be it

Resolved that the proposed draft policy be received for information, and be it further

Resolved that Specialists and Specialization Committee be requested to review the proposed draft policy statement for presentation again at a future meeting of the Board of Governors.

ADOPTED

Applications for Recognition of New Specialties

5. Specialty applications were received from the Canadian Academy of Restorative Dentistry and the Canadian Society of Public Health Dentists for consideration.

6. In view of the moratorium on recognition of new specialties imposed by the Board at the annual meeting in 1966, the applications have been tabled.

Prosthodontics

7. At the 1966 annual meeting, the Board directed this Committee to review the proposed definition for Prosthodontics (*Transactions* 1966:56) and make a recommendation concerning the broad policy of specialty practice limitations.

8. The Committee briefly considered these points but felt that decision on them should await Board action on the Policy for Recognition of Special Areas of Dental Practice.

SPECIALISTS AND SPECIALIZATION

Future Plans

9. (a) To complete and submit to the Board of Governors a proposed policy statement on Recognition of Special Areas of Dental Practice.
- (b) To develop a policy statement on the recognition of specialists.
- (c) To reassess the present definition of a specialist.
- (d) To consider the possible regrouping of special areas of dental practice.

The report of the Committee on Specialists and Specialization is mainly informative in character but a word of commendation is due the Committee members.

Moved by Purves, seconded by Spence

That the report of the Committee on Specialists and Specialization be adopted as amended.

ADOPTED

Appendix A

DRAFT POLICY STATEMENT

on

Recognition of Special Areas of Dental Practice

A. Preamble

The policy of the Canadian Dental Association is to recognize, where indicated, special areas of dental practice which are based on biological, psychological and physiological approaches to prevention, diagnosis or treatment, and which involve knowledge and skills beyond those normally used in general practice.

The protection of the health and welfare of the public is the primary objective for identifying special areas of dental practice.

B. Principles

CDA recognition of special areas of dental practice shall be governed by the following principles:

- (1) The area shall have importance in the protection of the health and welfare of the patient.
- (2) The area shall be one in which the dental practitioner has frequent need to refer patients in order to provide exceptional service to the patient.
- (3) The area shall represent a substantial field of practice which calls for special knowledge and skills requiring intensive study and extended clinical and laboratory experience beyond the accepted undergraduate program in order to perform services of an unusual or difficult nature.
- (4) The area shall be one in which public and professional need for such services shall have called into existence a sizeable number of practitioners whose knowledge and skills are readily available.
- (5) The area shall be one in which approved universities, dental schools, or teaching hospitals have developed a sufficient number of formal courses so that opportunities for post-graduate education and experience are available to those seeking programs of education in this special area.
- (6) The area shall be one in which formal post-graduate or graduate training programs of at least 22 months' continuous study, leading to a diploma or advanced degree, are available.

- (7) The area shall be one in which there is evidence that a significant number of dentists are devoting the full time of their dental practices to the special area.

C. Review

In acknowledgement of possible changes in the philosophy and practice of dentistry, it will be the policy of this Association to review periodically the status of existing specialties. Any alterations must be compatible with principles approved by the Board of Governors.

REPORT

(comments and action in **bold face type**)

Recapitulation

1. The budgeted deficit for 1966 was \$32,750. Following actual deficits of \$30,287 in 1965 and \$11,651 in 1964, it was forcefully evident that curtailment of services and associated expences was necessary if a favourable financial position was to be maintained. Accordingly, steps were initiated in 1966 to reduce expenditures where this could be done without seriously affecting services and where economies could be achieved by more efficient methods. These measures included dispensing with mailing envelopes for the *Journal*, revamping the "record" system and mailing list procedures, introduction of methods to provide greater control over *Journal* production costs in relation to advertising revenue, application of economies in the printing department, and procurement of certain additional sales tax exemptions. As a result of these and other adjustments, the anticipated deficit of \$32,750 for 1966 was reduced to a deficit of \$8,202. (See Appendix B: para. 3)

Financial Statement 1966

2. The audited financial statement for 1966 is attached as Appendix A. Comments on the statement appear in Appendix B.
3. The auditor's statement for 1966 has been approved by the Executive Council.

Actual and Estimated Revenue

4. Actual and estimated revenue for 1966 through 1968 are provided in Appendix C. Estimated revenue for 1966 does not include *Journal* advertising revenue. (*Transactions* 1966: 196 para. 8).

Budget Requests

5. 1968 budget requests by Councils, Committees and Bureaux are listed in Appendix D.

Actual and Estimated Expenditures

6. Actual and estimated expenditures for 1966 through 1968 are provided in Appendix E.
7. As entries in the auditors' statement employ different groupings of items than those used in the budget projections, the 1966 expenditure figures vary slightly from those in the audited statement. In addition, these lists do not contain an item for depreciation, and only gross expenditures for the *Journal* operation are included.
8. Reluctantly, it is pointed out again this year that many of the requests for funds cannot be met if expenditures in 1968 are to be kept within anticipated revenue. It has been necessary to pare each expenditure item to a point where little or no flexibility seems to exist. Such a procedure may be desirable in order to balance a budget but it may not provide the best in service to the

membership. The following reductions in budget requests by Councils, Committees and Bureaux are proposed:

(1)	Council on Education	500.
(2)	National Recruitment Committee	500.
(3)	Survey of Dental Schools	1,000.
(4)	Executive Council	1,000.
(5)	Public Health	300.
(6)	Council on Research	200.
(7)	Hospital Services Committee	250.
(8)	Property Committee	100.
(9)	Bureau of Public Information	2,000.
(10)	Bureau of Economic Research	200.
		\$6,050.

9. Because of the significance of their work for the membership, the Executive Council has recommended expansion of the Auxiliary Services Committee and Dental Services Committee to include a representative on each of these committees from each corporate member. It is estimated that expense reimbursements for these committees would be at least doubled. The following increases in budget requests are therefore recommended:

Auxiliary Services Committee	1,500.
Dental Services Committee	1,500.
	\$3,000.

10. The estimated revenue and expenditures for 1968 are approved by the Executive Council.

Bonds

11. Changes in bond holdings during 1966 are listed in Appendix F.

12. For current bond holdings see Appendix G.

Auditors

13. Thorne, Mulholland, Howson and McPherson were appointed auditors for 1967.

Special revenue

14. During the fiscal year, special grants of \$3,000 from the Procter and Gamble Co. and \$3,500 from the National Research Council were received in order to defray expenses in connection with a Canadian dental research conference held in Manitoba under the chairmanship of Dr. R. M. Grainger, chairman of the CDA Research Council. Both gifts are acknowledged with gratitude.

15. The Treasurer's Report has been approved by the Executive Council.

The Treasurer's report is a detailed statement of the financial affairs of the Canadian Dental Association. It is noted that through careful economies the anticipated budgetary deficit of \$32,750 for 1966 was in fact reduced to \$8,202. The Board notes that in spite of rising costs it has not been necessary to call on the corporate bodies for help. It has, however, been necessary to borrow from the Reserve Fund in order to meet day-to-day operating expenditures.

TREASURER

The Board recognizes with concern the fact that the expansion of many significant services may have been curtailed for lack of sufficient financial resources and it is of the opinion that steps should be taken to correct this deficiency.

It is noted that the Executive Report made reference to a five-year projection of the Association's needs. It is hoped that this will include consideration of the Association's expanding financial requirements.

Moved by Taylor, seconded by Peters:

That the Treasurer's report be adopted.

ADOPTED

CANADIAN DENTAL ASSOCIATION BALANCE SHEET

December 31, 1966

Assets

General Account:

Cash	\$ 47,993		
Accounts receivable	6,944		
Prepaid expenses and air travel deposit	3,224		
Land, 234 St. George St., Toronto	5,100		
Building, 234 St. George St., Toronto,	\$194,875		
Less accumulated depreciation	35,725	159,150	
Furniture and fixtures	75,259		
Less accumulated depreciation	42,204	33,055	\$255,466

War Memorial Award Fund:

Cash	689		
Government, government guaranteed bonds and guaranteed investment certificate at cost (market value \$7,951)	8,623		
Interest accrued	147	9,459	

The Grieve Memorial Lectureship Fund:

Cash	479		
Government and government guaranteed bonds, at cost (market value \$4,880)	5,348		
Interest accrued	75	5,902	

Library Trust Fund:

Cash	4		
Books	13,987		
Less accumulated depreciation	13,986	1	5

Reserve Fund:

Cash	652		
Government, government guaranteed bonds and guaranteed investment certificates, at cost (market value \$188,924)	204,260		
Interest accrued	2,829		
Loan to General A/c for dental aptitude testing	9,500	217,241	
			<u>\$488,073</u>

Liabilities and Surplus

General Account:

Sales tax payable	\$ 169	
Loan from Reserve Fund for dental aptitude testing ..	9,500	
Unexpended balance for dental aptitude testing	2,063	11,732
Surplus, December 31, 1965	219,093	
Unexpended portion of grant from National Cancer Institute	512	
Transfer from Employees' Pension Account	5,695	
Transfer from Reserve Fund for cost of building alterations	1,636	
	226,936	
Surplus for year 1966	16,798	243,734
		255,466

War Memorial Award Fund:

Surplus, December 31, 1965	9,308	
Surplus for year 1966	151	9,459

The Grieve Memorial Lectureship Fund:

Surplus, December 31, 1965	5,859	
Surplus for year 1966	43	5,902

Library Trust Fund:

Deficit, December 31, 1965	(33)	
Surplus for year 1966	38	5

Reserve Fund:

Surplus, December 31, 1965	233,513	
Surplus for year 1966	10,364	
	243,877	
Transfer to General a/c for cost of building alterations	1,636	
Transfer to General a/c for operating costs	25,000	
	26,636	217,241
		\$488,073

GENERAL ACCOUNT
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1966

Revenue

CDA Journal:			
Advertising		73,980	
Less			
Printing	40,952		
Commissions	25,759		
Cuts and postage	3,789	70,500	3,480
Associate membership			902
Grants from corporate members:			
British Columbia		30,440	
Alberta		21,080	
Saskatchewan		8,080	
Manitoba		11,088	
Ontario		103,832	
Quebec		38,720	
New Brunswick		4,720	
Nova Scotia		8,232	
Prince Edward Island		1,200	
Newfoundland		1,640	229,032
National convention, 1966			1,218
Sale of publications, other than Journal			12,844
Subscriptions, CDA Journal			1,650
Transfers from The Canadian Dental Research Foundation			580
Transfer from Reserve Fund			25,000
			<u>\$ 274,706</u>

Expenditure

Annual board meeting	12,981
Canada and Quebec pension plan	1,061
Contingency fund	10,176
Depreciation	
Building	4,081
Furniture and fixtures	5,483
Expense reimbursements	21,638
Federation Dentaire Internationale, membership	1,871
Grant to Canadian Fund for Dental Education	5,000
Grant to Library Trust Fund	1,800
Special grant, 1967 convention	3,000
Health insurance	2,475

TREASURER
Appendix A

Insurance	1,695	
Legal and audit	1,600	
Light, water and power	2,562	
Office supplies and miscellaneous expenses	7,087	
Officers' and employees' pension plan	8,314	
Postage	4,226	
Publication expenses, other than Journal	31,533	
Repairs and maintenance	3,141	
Salaries	107,466	
Studentships and fellowships	12,286	
Taxes	4,018	
Telephone and telegraph	2,376	
Translations	1,400	
Unemployment insurance	553	
Workmen's compensation	76	
Loss on sale of fixed assets	9	\$ 257,908
Surplus for year, after giving effect to the transfer of \$25,000 from Reserve Fund		<u>\$ 16,798</u>

GENERAL ACCOUNT
STATEMENT OF SOURCE AND APPLICATION OF FUNDS

Year ended December 31, 1966

Funds made available		
By operations		
Surplus for year		16,798
Items not involving an outlay of funds		
Depreciation	9,564	
Loss on sale of furniture and fixtures	9	9,573
		<u>26,371</u>
Proceeds from sale of furniture and fixtures	95	
Transfer from Reserve Fund	1,636	
Transfer from Employees' Pension Account	5,695	
Unexpended portion of grant from National Cancer Institute	512	34,309
Funds applied		
Purchase of furniture and fixtures	3,294	
Addition to building	1,636	4,930
Increase in working capital		<u>29,379</u>
Working capital at beginning of year		17,050
Working capital at end of year		<u>\$46,429</u>
Current assets		58,161
Current liabilities		11,732
		<u>\$46,429</u>

LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1966

Revenue

Grant from General Account	1,800	
Donations	5	
	1,805	

Expenditure

Binding books, journals, etc.	395	
Depreciation, books	949	
Bank charges and interest	11	
Subscriptions	412	1,767
Surplus for year		\$ 38

RESERVE FUND
STATEMENT OF REVENUE

Year ended December 31, 1966

Interest on bonds	10,213	
Bank interest	146	
Profit on sale of bonds	5	
Surplus for year		\$10,364

WAR MEMORIAL AWARD FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1966

Revenue

Bond interest	435	
Bank interest and exchange	16	
	451	

Expenditure

Essay awards	300	
Surplus for year		\$151

THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1966

Revenue

Bond interest	245
Bank interest	16
Donations	27
	288

Expenditure

Orthodontic Section of Canadian Dental Association	245
Surplus for year	\$ 43

Appendix B

COMMENTS ON THE FINANCIAL STATEMENT FOR 1966

Balance Sheet

1. The balance sheet shows three withdrawals from the Reserve Fund during 1966 — a loan of \$9,500 to the aptitude test program to get it underway, \$1,636 for a capital expenditure to create additional office space, and \$25,000 taken into the general account to provide operating funds required because of deficit balances for the last three years.
2. It is emphasized that the Reserve Fund is the Association's best source of emergency funds and needs to be maintained for such purpose.

General Account

3. The auditors' statement of expenditure shows a surplus of \$16,798. Attention is drawn to the fact that this surplus exists only after giving effect to the transfer of \$25,000 from the Reserve Fund. In reality therefore, the Association's activities for 1966 resulted in not a surplus but a deficit of \$8,202.

Contingency Fund

4. Contingencies for the year included grants to the Canadian Dental Nurses and Assistants Association, the Health League of Canada, The Canadian Education Week, Science Fairs, expenses related to the History of Dentistry project, a headquarters real estate appraisal and the special audit of Professional and Industrial Pensions Limited.

Statement of Source and Application of Funds

5. This statement shows an improvement of working capital from \$17,050 at the end of 1965 to \$46,429 at the close of 1966. The difference, while considerably better than was anticipated when the 1966 budget was approved, has its

significance lessened by the fact that it includes the \$1,636 taken from the reserve for capital expenditures, the \$25,000 taken from reserve for operating expenses and in addition \$5,695 transferred from the Employees' Pension Account. This latter figure is a bookkeeping entry resulting from a change in accounting procedures. The apparent improvement in working capital is therefore due to a transfer of funds from one CDA account to another and does not reflect a true gain in financial position.

Reserve Fund

6. During 1966 no transfer of funds was made from the general account to the reserve. The only additions to the fund were earned interest and a small profit from sale of bonds, together totalling \$10,364. The difference between this amount and the transfers out of reserve have reduced the reserve surplus from \$233,513 as at December 31, 1965 to \$217,241 at December 31, 1966. The latter amount includes the \$9,500 which is currently on loan to the aptitude test program.

Appendix C

ACTUAL AND ESTIMATED REVENUE

1966 - 67 - 68

	1966 Budget	1966 Actual	1967 Budget	1968 Budget
Associate memberships	\$ 1,200	\$ 902	\$ 1,000	\$ 1,000
Donations				
Grants - Corporate Members:				
—British Columbia	28,900	30,440	30,000	31,000
Alberta	19,900	21,080	20,500	21,000
Saskatchewan	7,300	8,080	7,800	8,000
Manitoba	10,900	11,088	10,900	11,000
Ontario	101,500	103,832	102,000	105,000
Quebec	36,000	38,720	58,000	61,000
New Brunswick	4,000	4,720	4,200	4,700
Nova Scotia	8,300	8,232	8,300	8,300
P.E.I.	1,200	1,200	1,200	1,200
Newfoundland	1,250	1,640	1,500	1,600
<i>Journal</i> (gross - revenue)		3,480		4,200
National convention	1,000	1,218	5,000	3,000
Sale of publications other than <i>Journal</i>	8,000	12,844	10,000	15,500
Subscriptions (<i>CDA Journal</i>)	1,200	1,650	1,300	2,000
Transfer of interest from Cdn. Dental Research Founda- tion	600	580	700	600
	<u>\$ 231,250</u>	<u>\$ 249,706</u>	<u>\$ 262,400</u>	<u>\$ 279,100</u>

1968 BUDGET REQUESTS
Councils, Committees, Bureaux

TREASURER
Appendix D

	Expense Reimb.	Insur. on building	Light Heat Water	Other Admin. Exp.	Publications other than <i>Journal</i>	Repairs and maintenance	Salaries	Student-ships and Fellowships	Sundry	Taxes	Totals	Proposed revisions
Councils											Nil	
Const. & By-Laws												
Education	*3,300										3,300	2,800
Nat. Recruit.					*2,500						2,500	2,000
Students Reg.				800							800	
Survey — schools	*5,000										5,000	4,000
War Memorial	200										200	
Ethics											Nil	
Executive	*3,000										3,000	2,000
Insurance	1,000										1,000	
Journalism	175								25		200	
Legislation	300								25		325	
Public Health	*1,000				1,000						2,000	1,700
Research	1,000								* 500		1,500	1,300
Committees												
Auxiliary Services	**1,500										1,500	3,000
Convention									1,000		1,000	
Dental Services	**1,500				500				250		2,250	3,750
Hospital Services	*1,000				500				250		1,750	1,500
Nominations											Nil	
Property			2,750			5,000	2,200		* 200	5,500	15,650	15,550
Spec. & Spec.	450								50		500	
Bureaux												
Public Information	500				*7,500						8,000	6,000
Economic Research	* 600				400						1,000	800

* Items for which a downward revision is proposed. ** Items for which an upward revision is proposed

ACTUAL AND ESTIMATED EXPENDITURES

1966 - 67 - 68

	1966 Budget	1966 Actual	1967 Budget	1968 Budget
Annual Board Meeting	16,000	12,981	14,000	18,000
Bank charges and exch.			400	200
Contingency and sundry	10,500	8,165	6,000	6,000
Conventions	3,000	3,000	4,000	1,000
Expense reimbursement	28,400	21,638	31,500	34,300
Furniture and fixtures			1,500	1,500
Grants CDN & AS		300	300	300
Can. Ed. Week		100	100	100
CFDE	5,000	5,000	6,000	18,000
FDI	1,800	1,871	1,950	1,950
Library	1,500	1,800	1,500	500
Res. (Fellowships and Studentships)	14,000	12,286	12,000	Nil
History of Dentistry		1,611	500	1,000
Insurance				
Travel	)		850	850
Sickness	)	1,695	300	300
Building	900)			
Fidelity	)		100	200
<i>Journal</i> (Gross)	4,700		650	
Legal and audit	1,250	1,600	1,800	2,000
Office exp.	7,500	7,087	8,500	8,000
Postage	4,500	4,226	4,800	4,500
Property Expenses				
Light, heat and water	2,750	2,562	2,800	2,750
Repair and maintenance	2,000	3,141	5,000	5,000
Taxes (City)	3,500	4,018	4,300	5,500
Publications: other than <i>Journal</i> (1967 includes translations)	28,000	31,533	21,000	31,000
Royal College of Dentists	3,000			
Salaries	99,500	107,466	116,500	118,000
Salary expenses				
CDA Pension Plan	8,000	8,314	9,000	8,000
Canada P.P. & Que. P.P.)		1,061	1,200	1,200
Health Insurance	2,200	2,475	2,700	2,700
Unemployment Ins.	500	553	600	600
Workmen's Comp.		76	60	120
Telephone and Telegraph	2,000	2,376	2,400	2,600
Translations	1,000	1,400		5,500
	251,500	248,335	262,310	281,670

TREASURER
Appendix F

Bond Changes — 1966

Reserve Fund

Bonds sold:

Province of Quebec \$1,000 4% April 1966

Bonds purchased:

Eastern Chartered Trust \$1,000 5½% March 1970

Appendix G

BONDS ON HAND — December 31, 1966

War Memorial Scholarship Fund

Eastern Chartered Trust	\$ 4,000	5½%	Mar. 16, 1970
Government of Canada	2,500	4½%	Sept. 1, 1983
			(Conversion Loan)
Province of Ontario	1,000	4¼%	May 15, 1971/74
Province of Quebec Debentures	1,000	6%	Oct. 15, 1988

Grieve Memorial Lectureship Fund

Government of Canada	3,500	4½%	Sept. 1, 1983
			(Conversion Loan)
Government of Canada	1,000	4½%	Sept. 1, 1983
Hydro-Electric Power Commission of Ont. (Guaranteed by Province)	1,000	4½%	Nov. 1, 1964/67

Reserve Fund

Government of Canada	15,000	5¼%	Oct. 1, 1967
Government of Canada	1,000	3¼%	Oct. 1, 1967
Government of Canada	10,000	3¼%	Oct. 1, 1967
Government of Canada	5,000	3¼%	Oct. 1, 1967
Government of Canada	10,000	3¾%	Jan. 15, 1978
Province of Ontario	1,000	4%	Jan. 1, 1966/68
Province of Ontario	3,000	4¼%	May 15, 1971/74
Province of Ontario	15,000	5%	July 15, 1975
Province of Ontario	2,000	4¼%	May 15, 1971/74
Province of Quebec	5,000	5¾%	Feb. 1, 1986
Province of Prince Edward Island	1,000	4¼%	Dec. 1, 1967
Province of New Brunswick	1,000	3¾%	Apr. 15, 1970
Province of Nova Scotia	5,000	5%	Dec. 15, 1973
Manitoba Telephone	10,000	5½%	Dec. 2, 1986
Alberta Government Telephone Debentures	2,000	4¼%	July 2, 1978
Alberta Municipal Finance Corp.	10,000	5½%	Apr. 1, 1983
Hydro Elec. Power Comm. of Ontario	500	3%	Apr. 1, 1968/70
			(Guar. by Prov.)
Hydro Elec. Power Comm. of Ontario	2,000	4¾%	Aug. 15, 1975
			(Guar. by Prov.)

*Hydro Elec. Power Comm. of Ontario	3,000	4¾%	Aug. 15, 1975 (Guar. by Prov.)
Hydro Elec. Power Comm. of Ontario	5,000	5%	Nov. 15, 1976 (Guar. by Prov.)
Hydro Elec. Power Comm. of Ontario	5,000	5%	Oct. 15, 1978 (Guar. by Prov.)
Hydro Elec. Power Comm. of Ontario	10,000	5%	Nov. 15, 1976 (Guar. by Prov.)
Quebec Hydro-Elect. Comm.	25,000	5½%	Mar. 1, 1984 (Sinking Fund Deb.)
**Canadian National Railway	3,000	3¾%	Feb. 1, 1972/74
**Canadian National Railway	5,000	4%	Feb. 1, 1981
**Canadian National Railway	11,000	4%	Feb. 1, 1981
**Canadian National Railway	1,000	4%	Feb. 1, 1981
Eastern Chartered Trust	10,000	5½%	Mar. 16, 1970
Eastern Chartered Trust	1,000	5½%	Mar. 16, 1970
Royal Trust Company	30,000	Short term investment due Nov. 13, 1967	
Hydro-Electric Co. (Guar. by Province of Quebec)	1,000	5%	Nov. 15, 1982
* (3 x \$1,000)			
** (Guaranteed by Government of Canada)			

ANNUAL ASSOCIATION MEETING

ANNUAL MEETING CANADIAN DENTAL ASSOCIATION

The annual luncheon meeting of the Canadian Dental Association was held in the Royal York Hotel, Toronto, at 12:15 p.m. on Monday, May 15, 1967. Dr. James P. Coupland, the retiring President, presided. Immediately preceding the luncheon, the invocation was expressed by Dr. Coupland, followed by a toast to the Queen.

Greetings

Messages of greeting were received from Dr. Harold Hillenbrand and Dr. Edward A. Cheney on behalf of the American Dental Association, Mr. W. Roland Cleverley on behalf of the British Dental Association, Sir John Walsh on behalf of the New Zealand Dental Association, and Professor P. O. Pedersen, President of the Fédération Dentaire Internationale.

President's Remarks

PRESIDENT J. P. COUPLAND: On behalf of your officers and those responsible for arranging this great occasion, it is my very great pleasure to extend to all a most sincere welcome. You are experiencing the fulfilment of many years of eager anticipation and months of intensive planning. We hope your attendance at this meeting will be both enjoyable and rewarding.

Speaking for the CDA membership at large, I would like to extend congratulations to the Officers, Governors and Members of The Ontario Dental Association. I know that dentists from the other provinces are delighted to join in the 100th birthday celebration.

There were many happenings during my year as your President that I would like to report at such a well-attended occasion as this. Unfortunately, time does not permit me to do so. I trust that you will study the report of last week's annual meeting when the *Transactions* are distributed.

I propose to mention only one event which I believe you will want to hear about immediately. I refer to a legacy of \$50,000 left to the CDA by Sydney W. Bradley of Ottawa, who died on February 20, 1967. By terms of the bequest, the gift is to be used to help maintain the Association's library. When the Headquarters was established, Dr. Bradley anonymously gave substantial sums to get the library started. He continued this generous action for many years during his lifetime.

Like so many of his contemporaries, Dr. Bradley taught school for a time to get money to finance his dental education. He graduated from the school of the R.C.D.S. in 1906. He was active in the early days of the CDA and was President of the Association from 1922 to 1924.

In recognition of Dr. Bradley's outstanding contribution to the profession in which he took such great pride, I am pleased to announce that the Board of Governors last week decided that henceforth the Association's library shall be known as the Sydney Wood Bradley Memorial Library.

Installation of President

The following are the remarks of the Installing Officer, DR. HAROLD CLINE, a Past President of the CDA and Chairman of the Council on Constitution and By-Laws: It is always a pleasure to officiate at a function whereby one is called upon to install a new President. I find it particularly gratifying on this occasion on

ANNUAL ASSOCIATION MEETING

being named to present the new President of the CDA, Dr. Wesley P. Munsie of Vancouver.

Dr. Munsie was born in Winnipeg where he received his early education. After active service in the Royal Canadian Navy as a Lieutenant, he attended the University of Oregon Dental School. After graduation, he commenced practice in Vancouver. He is married and he and his charming wife, Florence, have three children.

Dr. Munsie has been very active in dental and community affairs. He is Past President of the Vancouver and District and the British Columbia Dental Associations; a member, then President of the College of Dental Surgeons of British Columbia. He has of course been a member of the Board of Governors and the Executive Council of the CDA. He is a former member of the Board of Trustees of the Canadian Fund for Dental Education, and Honorary Governor of the Canadian Association for Retarded Children. Presently he heads a drive of considerable proportion for funds for this worthy organization. He is a Convocation Founder of Simon Fraser University. Dr. Munsie is a Fellow of the American College of Dentists and the International College of Dentists. I think you will agree this is an impressive background for one so young.

From personal experience over a period of years, I can assure you that Wess Munsie has a high sense of duty and does not spare himself in discharging duties directed his way. At this time in particular, with the winds of the welfare state blowing our way, it is important to create a favourable public and political image of dentistry. Wess has a clear vision of what that image should be and will guard it zealously.

Dr. Munsie, I know you realize the responsibilities are great but conversely the honour is great in being called upon to lead this Association. As you come to the end of your term of office next year, I'm sure you will look back on an extremely successful and satisfactory year.

I now invest you with the insignia of office. Good luck and God speed.

PRESIDENT-ELECT W. P. MUNSIE: It is particularly gratifying to me to have the official insignia of the highest office of the Canadian Dental Association passed on to me by Harold Cline. Dr. Cline has earned the highest esteem and respect of this Association during his many years of service to the dental profession. His all too flattering remarks on my behalf are deeply appreciated.

As we proudly reflect on a century of service by the dentists of this country, I believe it is fitting, and indeed essential, that we look to the years ahead. More specifically, we must assess the role that the Canadian Dental Association can assume, especially in the socio-economic climate that exists today.

I believe that every objective person who attended the Board of Governors meeting just completed will concur that there was agreement from all the members of the Board on the important issues placed before that Board. They will also concur that the action of Board on these important matters was decisive. Equally important, I can assure you, is that the Executive Council, under the superb leadership of President Coupland, has placed in motion the necessary steps to execute the directives of the Board at the earliest possible time.

If we concentrate our energies on the major issues facing us, if our endeavours are not deflected by unimportant matters, there can be no doubt the role of the

ANNUAL ASSOCIATION MEETING

CDA in the days ahead can be one of constructive service to the dental profession in Canada.

And now, ladies and gentlemen, allow me to say to you a few words in French. I look forward to the continued support and friendship from the French-speaking members of our Association in all parts of the country. I anticipate the pleasure of welcoming you to Vancouver and invite you to participate in our national meeting next year. (Remarks in French)

Presentation to Past President

DR H. M. CLINE: When Dr. Coupland was introduced to the meeting of the CDA as its new President, the installing officer, Dr. P. G. Anderson, spoke in glowing terms of him and I quote, in part: "capable, popular, loyal and devoted and with a background of achievement which ably qualifies him for the arduous task ahead." I am sure you will agree that he has brought to bear all these fine qualities in guiding the Association during his term as President. In dentistry, we are fortunate to have such men as Jim Coupland contributing to the forward march of our profession. I am proud to number him among my close friends. Jim, I welcome you to the ranks of Past Presidents of the Association — not to fold your hands — but to continue your contribution to dentistry as you have in the past. May I also present you with your Past President's jewel and thank you on behalf of the Association for your outstanding contributions to the Canadian Dental Association. My congratulations, Jim. In order that you might have something tangible to remind you of your presidency of the Canadian Dental Association, on behalf of your fellow members, I present you with this tray which I am sure you will share with Jean. Mrs. Coupland, would you mind standing please, Jean? I ask you to accept these flowers as a small token of the esteem in which you are held by Jim's many friends in dentistry.

DR. COUPLAND: Thank you, Dr. Cline, for that very gracious gift and I thank the Association on Jean's behalf and my own for this latest of the many favours you have conferred upon both of us during my presidential year.

3
TRANSACTIONS

C
OF
THE CANADIAN
DENTAL ASSOCIATION



ANNUAL MEETING
BOARD OF GOVERNORS
HOTEL VANCOUVER, VANCOUVER
JUNE 24-26, 1968

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FOREWORD

This book provides a record of the business transacted at the annual meeting of the Board of Governors of the Canadian Dental Association at the Hotel Vancouver in Vancouver, June 24-26, 1968. The report of the annual luncheon — held during the convention, this year on June 27—appears at the end of the book.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors. During the session, reports of Councils, Committees, Sections, etc., are studied first by reference committees composed of attending CDA members. Findings of the reference committees are reported to open sessions of the Board and, although the President may permit any member to speak on an issue, only Board members may vote.

Words appearing in bold face type both within the body and at the end of the Council, Committee or Section reports constitute the “comment and action” of the Board.

The purpose of CDA *Transactions* is to provide each member with a record of the policies and decisions of the Board and the work of the Association's Councils, Committees and Sections.

OFFICIALS

1967-68

(For 1968-69 officials see Nominations Report)

OFFICERS

<i>President</i>	WESLEY P. MUNSIE, VANCOUVER
<i>President-elect</i>	HENRI BROUILLET, MONTREAL
<i>Immediate Past President</i>	JAMES P. COUPLAND
<i>Secretary</i>	WILLIAM G. MCINTOSH, TORONTO
<i>Treasurer</i>	GEORGE M. DEWIS, HALIFAX

EXECUTIVE COUNCIL

W. P. MUNSIE	J. P. COUPLAND	H. BROUILLET	W. G. BRUCE
A. L. MACISAAC	H. H. MACLEAN		W. J. SPENCE

BOARD OF GOVERNORS

J. E. ABRA	518 Medical Arts Bldg., Winnipeg 1, Man.
L. BERNIER	1024 avenue des Erables, Quebec, P.Q.
R. O. BRETT	250 Medical-Dental Bldg., Regina, Sask.
H. BROUILLET	6003 avenue de Lorimier, Montreal, P.Q.
W. G. BRUCE	Kincardine, Ontario
J. P. COUPLAND	225 Metcalfe St., Ottawa 4, Ontario
D. C. EATON	1584 Robie St., Halifax, N.S.
J. F. EDGECOMBE	42 Coburg St., Saint John, N.B.
L. E. ENGLISH	580 - 3rd Avenue, Kamloops, B.C.
I. HRABOWSKY	131 Ontario St., St. Catharines, Ont.
B. P. KEARNEY	Canadian Forces H.Q., Ottawa, Ont.
A. L. MACISAAC	159 Kent St., Charlottetown, P.E.I.
H. R. MACLEAN	Faculty of Dentistry, University of Alberta, Edmonton, Alta.
W. P. MUNSIE	1327 - 925 W., George St., Vancouver 1, British Columbia
H. L. MUSSELLS	4695 Sherbrooke St. W., Westmount, P.Q.
D. K. PETERS	103 Le Marchant Road, St. John's, Nfld.
J. D. PURVES	170 St. George St., Toronto 5
E. J. SIEGEL	151 Eglinton Ave. W., Toronto 12, Ont.
W. J. SPENCE	3000 Yonge St., Toronto 12, Ont.
A. E. SWANSON*	306 - 718 Granville St., Vancouver 2, B.C.
J. B. TAYLOR	532 Dundas St., London, Ont.

*Dr. Swanson resigned on May 30, 1968 and was replaced by Dr. F. Reid, 124 East 15th Street, North Vancouver, B.C.

AGENDA
1968 BOARD OF GOVERNORS
June 24 - 26, 1968

Monday, June 24

- 9.00 a.m. Call to Order
Invocation
Official call of the Meeting
Presentation of Credentials
Roll Call
Special Orders of Business
Adoption of Agenda
Minutes of Previous Meeting
President's Report
Necrology Report
Special Committee Assignments
Assignments of Submitted Resolutions
Guide for Conduct of Meetings
- 10.00 a.m.-
12.30 Committee of the Whole to study Dental Health Plan for Children
- 2.00 p.m. Reference Committees meet
- 8.00 p.m. Committee of the Whole to study Dental Health Plan for Children
Second Session of the Board

Tuesday, June 25

- 9.00 a.m. Reference Committees meet
- 2.00 p.m. Third Session of Board
Presentation of Reports
Presentation by Royal College of Dentists of Canada
Presentation by CFDE
- 8.00 p.m. Reference Committees meet

Wednesday, June 26

- 9.00 a.m. Fourth Session of Board
Presentation of Reports
- 2.00 p.m. Fifth Session of Board
Presentation of Reports
Treasurer's Report
Nominations Committee Report
Elections
Unfinished Business
Adjournment

SPECIAL COMMITTEES — 1968

		<i>Reporters</i>
<i>Committee of the Whole</i> — Chairman: Taylor		Peters
Agenda: Canadian Dental Association		
Dental Health Plan for Children		
<i>Reference Committee No. 1</i> — Chairman: Taylor		
Agenda: Executive		Peters
Convention		Brouillet
Legislation		Brett
Ethics		MacLean
Library		John A. Whyte
Periodontology (S) *		Duffy
<i>Reference Committee No. 2</i> — Chairman: Abra		
Agenda: Dentistry for Children (S)		Coupland
Orthodontics (S)		Eaton
Education		Kreutzer
Headquarters Property		MacIsaac
Specialists		Dunn
Endodontics (S)		Edgecombe
Prosthodontics (S)		Yule
<i>Reference Committee No. 3</i> — Chairman: Mussells		
Agenda: Hospital Services		Siegel
Oral Surgery (S)		Connor
Auxiliary Services		Hrabowsky
Public Health Dentists (S)		K. Davey
Public Health		Bruce
Journalism		Brig. Kearney
<i>Reference Committee No. 4</i> — Chairman: English		
Agenda: Dental Services		Reid
Research		Spence
Constitution and By-laws		Currie
President		Purves
Restorative Dentistry (S)		Beach
Treasurer		Bernier
<i>Special Resolutions Committee</i> — Chairman and Reporter: Nacht		
Agenda: Special Resolutions.		

*Section

ATTENDANCE AT BOARD OF GOVERNORS MEETING

Governors:

Abra, J. E.	MacIsaac, A. L.
Bernier, L.	MacLean, H. R.
Brett, R. O.	Munsie, W. P.
Brouillet, H.	Mussells, H. L.
Bruce, W. G.	Peters, D. K.
Coupland, J. P.	Purves, J. D.
Eaton, D. C.	Reid, F.
Edgecombe, J. F.	Siegel, E. J.
English, L. E.	Spence, W. J.
Hrabowsky, I.	Taylor, J. B.
Kearney, B. P.	

Chairmen:

Currie, P. E.	Ryan, J. G.
Davey, K. W.	Smylski, P. T.
Duffy, L. I.	Whyte, J. A.
Dunn, W. J.	Whyte, J. P.
Kreutzer, J.	Yule, O. J.
Nacht, M.	

MEMBERS: *M. Nacht, Chairman, Vancouver; W. B. Coleman, Halifax; E. Downton, Toronto; L. P. Dubé, Quebec; M. Jackson, Toronto.*

REPORT

(comment and action in **bold face type**)

1. The Auxiliary Services Committee met at Canadian Dental Association headquarters, January 18-19, 1968, with all members present. Also in attendance were: Dean W. J. Dunn, Chairman, Council on Education; Mrs. Jo Gardner, President, Canadian Dental Hygienists Association; Miss Pennry Waite, Certification Chairman for CDNAA; and Miss Elaine Wesley, President, CDNAA. In attendance part time were: Dr. R. A. Connor, Department of National Health and Welfare and Dr. W. C. Deacon, Chairman, ad hoc Committee of the Council on Education.

Establishment of Auxiliary Services Committees by Corporate Members

2. At the request of the Committee a memorandum from CDA headquarters was forwarded to the secretaries of the various corporate members urging the formation of provincial auxiliary services committees at the earliest possible date. It was reported that such committees were already in existence in Ontario, Quebec, Nova Scotia, Prince Edward Island and British Columbia.

New Composition of Auxiliary Services Committee

3. The Chairman reminded the Committee that as of the Annual Meeting in June, 1968, the present Auxiliary Services Committee will be dissolved. It was explained that the intent of the Board's proposal (1967 *Trans* 82, 83) is that the Committee will be expanded to include a member from each provincial committee. The CDA Nominations Committee will ask the corporate members for nominations to the national committee.

Services of Dental Auxiliaries

4. In British Columbia and Quebec, questionnaires concerning duties of dental auxiliaries have been developed and circulated in order to obtain the views of the practising dentists on this subject. A progress report and recommendations from these studies are anticipated in the near future.

5. The Committee reviewed the various concepts that have been expressed by the dental profession and others with respect to the services of auxiliaries. With due regard to these concepts and the mounting pressures to increase the productivity of the average dental office, the Committee approved a resolution which it recommends to the Board of Governors as a statement of policy for the Association. See item 15, *Resolutions*.

Dental Hygienists

6. Mrs. J. Gardner, President of the Canadian Dental Hygienists Association, attended the Committee meeting by invitation and presented an excellent report

AUXILIARY SERVICES

on the extension of duties of dental auxiliaries. A summary of the report appears in *Appendix A*.

Dental Technicians' Conference

7. Under the chairmanship of Dr. E. Downton, a second Dental Technicians' Conference was held in January, 1968, as authorized by the Board of Governors. (1967 *Trans*: 7, 9). A report on this conference appears in *Appendix B*. It contains recommendations for future consideration. See item 16, *Resolutions*.

Dental Assistants

8. *National Certification:*

Miss Penny Waite presented a report on behalf of the Canadian Dental Nurses and Assistants Association re national certification for dental nurses. Following the presentation of Miss Waite's report, discussion concluded that the certification of dental assistants is not rightfully a responsibility of CDA any more than is the certification of dentists. It was agreed that the Council on Education could conceivably, on invitation from CDNAA, collaborate in establishing minimum requirements for training programs for dental assistants and even assist in establishing a mechanism for accrediting these programs. The certification of the product of these programs would, however, be the responsibility of the CDNAA.

9. The Committee then recommended that the CDNAA give further consideration to methods by which a national certification program for dental assistants might be introduced under the aegis of the CDNAA and that the CDNAA consult with and seek the co-operation of the CDA Auxiliary Services Committee and Council on Education in connection with the development of such a program, particularly with respect to the establishment of minimum requirements for, and the accreditation of, formal training programs for dental assistants.

10. The following resolution was also approved and forwarded to the Council on Education:

Whereas the Committee on Auxiliary Services is pleased with the progress of the Council on Education toward the establishment of minimum requirements for the approval of courses in dental assisting, and

Whereas inherent in any program of certification of dental assistants is the requirement of assuring that the courses which the applicants for certification have successfully completed have met the minimum requirements for such courses, and

Whereas approval in principle has been given to a national certification program for dental assistants by both the Canadian Dental Association and the Canadian Dental Nurses and Assistants Association,

Therefore be it Resolved that the Committee on Auxiliary Services would respectfully recommend to the Council on Education that Council establish a mechanism for the accreditation of courses in dental assisting.

11. *Nomenclature:*

Miss Elaine Wesley presented a request from the Canadian Dental Nurses and Assistants Association to have the name changed to "Canadian Dental Nurses Association." It was agreed that the term "dental assistant" was preferable to "dental nurse" and it was noted that the Secretaries' Conference, 1968, went on record to that effect.

12. By motion the Committee also went on record as favoring the title "Canadian Dental Assistants Association" in preference to "Canadian Dental Nurses and Assistants Association."

National ad hoc Committee on Auxiliary Services

13. Dr. Connor reported that the ad hoc committee will be chaired by Chief Justice Dalton Wells. The committee has now been established and will, it is expected, undertake an investigation of services of dental auxiliaries.

Budget

14. A budget request for 1969 to thirty-five hundred dollars (\$3,500.00) was approved.

Resolutions

15. The following resolution is proposed as a statement of the Association's policy on the services of auxiliaries:

Whereas inherent in dental licensure is a recognition of the professional competence and integrity of the one upon whom licensure is conferred, and

Whereas when a dentist acquires the right to engage in practice he assumes a broad spectrum of professional and legal obligations and responsibilities, such obligations and responsibilities being consistent with standards established by professional brethren of good repute, and

Whereas these obligations and responsibilities extend not only to the professional attentions given by the dentist himself but also to the services rendered by those employed by him, and

Whereas only the dentist is qualified through education, training, experience and licensure to accept ultimate responsibility for dental treatment services rendered to patients

Therefore be it Resolved

- (1) That it be confirmed by the Canadian Dental Association, as a fundamental principle, that it is the dentist and the dentist alone who must be responsible for the standards and quality of dental treatment rendered to the public, and further
- (2) That in assuming this responsibility it is the right of a dentist, under the regulatory oversight of the licensing authority by which he is licensed, to delegate to persons over whom he exerts effective supervision and control, such duties as do not require for their performance the professional knowledge and skill of the dentist, and further

AUXILIARY SERVICES

- (3) That it be respectfully recommended to provincial licensing authorities to extend every effort to create such legal environment for the practice of dentistry that will make possible the effective implementation of the above principle, and further
- (4) That as a fundamental requirement for the statute and regulations under which dentistry is practised, the principle of the ultimate responsibility of the dentist be clearly and unequivocally enunciated and that a serial listing of services which might legally be performed by auxiliary personnel be deleted.

DEFEATED

The following resolution was presented on motion from the floor:

That the resolution contained in paragraph 15 be referred back to the reconstituted Auxiliary Services Committee and that they be directed to consult with the corporate members for their opinions on this resolution.

ADOPTED

16. Resolved that the recommendations contained in the report on the 1968 Technicians' Conference, *Appendix B*, be referred to the reconstituted Auxiliary Services Committee for study and appropriate action.

ADOPTED

Appendix A

THE CANADIAN DENTAL HYGIENISTS ASSOCIATION — SUMMARY OF THE REPORT OF THE CDHA TO THE CDA AUXILIARY SERVICES COMMITTEE

(Meeting January 18-19, 1968)

1. The Canadian Dental Hygienists Association is pleased to have the opportunity to state that we, too, are vitally interested in the auxiliaries picture and the need to find a solution to how best to meet the present and future demand for dental services.

2. Following the provision to members of past recommendations and reports from the *Hall Report* and this CDA committee, a questionnaire was sent to members on the role of the hygienist to ascertain their views now and for the future. The following points were formulated:

- (1) That hygienists have always felt themselves to be a valuable auxiliary in the past and that we hope to remain so in the future.
- (2) That the hygienist presently is basically concerned with the performance of services that are in the primary preventive field and that this role should not be negated.
- (3) That already expansion in current training programs and changes in by-laws have occurred in response to regional problems such as in Manitoba, Ontario and British Columbia.
- (4) That while there is expressed concern that our traditional "preventive" duties would suffer with a greater expansion of duties, that there

might be a decline in employment opportunities for hygienists trained in “preventive” duties alone, we still feel that we are the logical auxiliary to whom expanded duties be given.

- (5) That a further “New Zealand Dental Nurse” auxiliary should not be instituted.
- (6) That there should not be one auxiliary trained to replace the dental assistant and dental hygienist — both have proven of great value.
- (7) That although our numbers have increased in the past years, 83 in 1962 to 383 in 1967, our number is still inadequate for the demand, pointing up the need for expansion of present facilities and the need for additional schools of dental hygiene, and
- (8) That this increase in the number of dental hygiene schools, as well as expansion of the existing schools, also points up the need for an increase in teachers and administrators for such schools. Therefore, our Association recommends that degree programs for dental hygienists be made available in Canada *in addition* to the present diploma programs.
- (9) That both the degree and diploma dental hygiene programs should remain in universities to better prepare the individual hygienist to understand and adapt to new developments and changes, as well as to perform the oral health services.
- (10) That the most prevalent duties presently performed by the hygienist are:
 - (a) scaling-prophylaxis
 - (b) topical fluoride application
 - (c) full mouth and bite wing x-ray surveys
 - (d) patient education
 - (e) polishing amalgam restorations
 - (f) placement and removal of periodontic and/or displacement packs
 - (g) impressions for study casts.
- (11) That specific duties should be deleted from by-laws and dental acts regarding dental hygienists, to allow for the expansion of duties. However, the ADA resolution as appeared in the CDA’s *Governors’ Letter*, in our opinion, was too broad, in that no mention was made of educational standards being met prior to delegating expanded duties to dental auxiliaries.
- (12) That the majority of hygienists are of the opinion that there should be more consideration given to the effect of a more complete knowledge and utilization of the present training and abilities of dental hygienists, assistants and technicians.
- (13) That to overcome the problem of the dentist not utilizing them fully, utilization of dental auxiliaries should be a practical part of the undergraduate training of the dental student.
- (14) That the willingness to accept expansion of duties places a great responsibility on the hygienists to continue to show that we are an

AUXILIARY SERVICES

Appendix A

effective auxiliary, that our training can and does allow us to be utilized to an even greater advantage.

- (15) That we must also accept some responsibility to work toward the institution and use of proven preventive measures and to provide community dental health education. That we must assume a greater share of the responsibility of recruitment of students into dental hygiene, as the effect of successfully carrying out these aims will have some direct results in helping the dental profession meet the needs of the dental public.

Respectfully submitted,

Jo Gardner, President.

Appendix B

DENTAL TECHNICIANS' CONFERENCE 1968

1. A conference was held at the Canadian Dental Association headquarters, 234 St. George Street, Toronto, on January 17, 1968.
2. Present were representatives of the following bodies: Auxiliary Services Committee of the Canadian Dental Association; Canadian Federation of Dental Technicians; the Governing Boards of Dental Technicians; Council on Education of the Canadian Dental Association; the Canadian Armed Forces; provincial technical training centres; the dental laboratory industry.
3. It was stated that the purpose of the conference was not to solve problems, but to acquaint both the laboratory industry and the dental profession with the existence of certain problems. Only by examining the nature of these problems may they be dealt with effectively.
4. It seemed appropriate to define the term *dental technician*, because it is about this person that much of the discussion centres with respect to qualification, salary and training. It was apparent that the term *dental technician* was loosely applied to anyone working in a dental laboratory fabricating dental prostheses. This was in accord with the definition as stated in the *Dentistry Act* of Ontario which includes, in the category of a *dental technician*, anyone who is fabricating dental prostheses.
5. It was thought to be unrealistic to rate all employees in the dental laboratory as *technicians*, and that a distinction should be made between the latter and the trained *registered technician* who has met the requirements set by examination and the Licensing Board. As an aid to this distinction, it was suggested that the term *dental technologist* be applied to fully qualified personnel and the name *technician* be given to people of lesser degrees of training.
6. Until the matter of the distinction referred to above is settled, there can be no authentic record of the number of qualified dental technicians in Canada.
7. With respect to the matter of technicians as generalists or as specialists, the

various opinions expressed indicated a need for specialists in the larger laboratories, while the smaller laboratories indicated a need for more generalists, versatility being desirable to the latter from a utility aspect. Thus, it appears that across Canada both are in general demand.

8. In two provinces, Ontario and Quebec, the approach to supplying the demand for generalists and specialists is met by legislation which requires the trainee to get a registered technician's certificate first after which he can specialize if he wishes. However, registration must be obtained first.

9. Having become a *Registered Dental Technician*, the portability of the technician's qualification is limited. His status as a registered dental technician can not be carried interprovincially. Attempts are being made to have provincial regulations changed so that men qualified in one province are eligible to try registration examinations in other provinces.

10. At present it is contemplated in Ontario, under the educational system provided for technicians, to offer a series of night school courses in various laboratory procedures to upgrade the employed technician and broaden his scope of activities. This appears to be an opportunity for him to specialize that has not been available before.

11. Altogether there are at present four formal training programs for technicians in Canada, one each in Quebec, Ontario, Alberta and British Columbia which has an evening course.

12. It is of note that in Ontario changes in the legislation are planned that permit the Governing Board of Dental Technicians to establish the curriculum and control what is being taught in the course.

13. In British Columbia, while dental technicians may write examinations prescribed by the Board, there is no liaison between the Board and the educational institutions.

14. Because there appears to be a limited liaison between the educational institutions and the various examining boards, it was suggested that recommendations be made to the Federation of Dental Technicians to explore the possibility of improving the situation. In a broader sense, the exchange of information regarding curricula and the teaching experience of the various technical educational centres could be useful.

15. It was further requested that the CDA Board of Governors be asked what role, if any, the Canadian Dental Association Council on Education might perform in advising those concerned about the standards of the technical education being offered in their respective courses. One purpose is to establish a degree of consistency in course content. It was noted that the Council on Education is concerned with anything that has a bearing upon any educational aspect, however peripheral to dentistry.

16. With respect to formal training programs being supplemented by apprenticeship, this was not considered feasible. Formal courses supplemented by a period of on-the-job-training were considered desirable however.

17. The laboratory owner needs financial support to train a man in other fields

AUXILIARY SERVICES

Appendix B

than the one in which he is being currently employed. Apparently, to become a specialist in a laboratory requires outside financial support.

18. There was a division of opinion regarding the necessity of grade 12 education for entrance to the formal training program. This discussion was a recapitulation of a previous 1967 meeting discussion which revolved around the recruitment situation. The question still remains unanswered as to which comes first — the raising of educational standards leading to better services and the resultant monetary rewards, or whether the incentive should be a better salary scale to increase the labour supply to the laboratory owner. It would appear that the laboratory industry in Canada was receiving an annual increase of approximately 100 technicians. This included those that are being graduated from the schools and certified; those migrating from elsewhere and registering; and finally those that are returning from service in the Dental Corps.

19. It was noted that the Federation of Dental Laboratory Technicians has been in operation for 10 months and attempts are being made to deal with various items listed as possible functions. These include a consideration of the formation of a committee to study operational costs and expenditures of the industry on a nationwide basis; the evaluation of the need and desirability of having employees' associations as compared to having union activities in the industry; development of advanced educational programs concerning new techniques, equipment and products. Programs for educational conventions might be included. Also a welfare fund might be considered with suitable awards to help needy students in technical courses. It was stated that there was merit in the Federation striving for the establishment of minimum national standards and setting up of examination facilities to determine if candidates qualify and then proceeding to final evaluation by a certifying body. This Federation includes all provinces except Alberta.

20. With respect to the financial aspects of the industry, fee schedules have been established in Nova Scotia, British Columbia and Ontario. The basis for the schedules is the facts and figures compiled by the technicians themselves over the years. A schedule is thus established as a result of a local cost analysis. It was noted that in some areas there was a salary increase for technicians ranging from about 5% to 20%. It appeared that previous studies by certain provincial laboratory associations had led to the formulation of these minimum fee schedules for the laboratories and had produced better understanding of the fee problems between the industry and the profession. However, a study of costs on a national scale was impractical due to variables in the cost factors prevalent in the individual provinces.

21. The opinions expressed regarding the desirability of union affiliation for the laboratory industry and/or employees' association indicated a state of flux. The various ramifications and future effects of these developments on both the laboratories and the dental profession require much future consideration by all concerned.

Recommendations Arising from this Conference

22. (1) Minimum standards of competence be established to clarify the status and abilities of the dental technician.

- (2) Whereas many internal problems of the laboratory industry should be relegated to the Canadian Federation of Dental Technicians, other matters which are of mutual concern by the industry and the dental profession should be dealt with by a joint provincial liaison committee comprised of representatives of both bodies.
- (3) The educational program for the trainee should provide adequate general knowledge leading to his registration. This is to be supplemented by a period of on-the-job training to permit specialization later at the option of the candidate.
- (4) Request that Canadian Dental Association circulate nationally to the corporate bodies the experiences of the various provinces on the matter of technical education; the Federation of Dental Technicians to act similarly at the level of the dental technician. Further dissemination of information can be carried on at the local laboratory association level by the Canadian Federation of Dental Technicians. The chairman of the CDA Auxiliary Services Committee, Dr. Nacht, remarked that the new concept of a national auxiliary services committee made up of representatives from the provincial auxiliary services committees, should provide a perfect vehicle for this procedure. Each province will have an auxiliary services committee, and it is thought that, if out of this meeting a directive was given to the auxiliary services committee of each provincial body that they would undertake the dissemination of information and liaison with the local laboratory association and the Federation, much could be accomplished.
- (5) That future conferences of this nature be held to coincide with the annual meeting of the Canadian Federation of Dental Technicians; agenda for the conference to be provided to the participants six months prior to the date of the meeting.

Respectfully submitted by

E. Downton, D.D.S.

CONSTITUTION AND BY-LAWS

MEMBERS: *J. P. Whyte, Chairman, Swift Current; M. V. J. Keenan, Sault Ste. Marie; Remy Langlois, Quebec; P. S. Christie, Halifax.*

REPORT

(comment and action in **bold face type**)

Sections of the Association

1. In accordance with action of the Board of Governors in recognizing the Canadian Society of Public Health Dentists as a section of the Canadian Dental Association, the following addition to the by-laws should be made, namely:

To Article XI, Sections, Section 1, add "Section on Public Health Dentists."

Provincial Statutory Dental Corporation

2. (1) A resolution on this matter appears in 1967 *Trans*: 37, 3. The definition of "provincial statutory dental corporation" was studied by the 1966-67 council. No definite conclusion was reached. This year after various legal opinions were obtained the following recommendations are made. Omit the word "statutory" and define a corporate member as a "provincial dental corporation that is representative of the profession at large in the province and having a membership of at least ninety per cent of the dentists licensed to practise in that province." This is clear, simple and easy to understand.
- (2) Therefore to complete the directive of the resolution it is suggested that Article II, Members, Section 1 of the by-laws of the CDA be amended as follows:
 - (a) Eliminate the words "provincial statutory dental corporation" and
 - (b) Add after "shall consist of," "provincial dental corporations that are representative of the profession at large in the province and having a membership of at least ninety per cent of the dentists licensed to practise in that province." Sentence complete, a period after "province." The word "which" in the second line to be eliminated and "they" substituted, beginning a new sentence.

Student Members

3. The following resolution was passed at the annual meeting of the Board of Governors in May, 1967: "Resolved that CDA Council on Constitution and By-laws submit proposals for amending the constitution and by-laws in order to include a student membership category." (1967 *Trans*: 80, 33d.) It is suggested that:

- (1) To Article II Members, add "Section 5. *Student Members* — shall consist of persons who shall have made application for and shall have been admitted to student membership in the Association by the Executive Council. Undergraduate students at an accredited dental school in Canada are eligible to become student members. Graduate dentists who have not been licensed to practise and who have gone directly from their undergraduate program to a full academic year of advanced study at an accredited school or in a hospital program approved by the Council on Education are also eligible to become student members."

- (2) To Article III Privilege of Members, add "Section 4. *Student Members*. A student member in good standing shall have the same rights and privileges as individual members except that he may not hold office."

Auxiliary Services Committee. Dental Services Committee.

4. The following resolution was adopted by the Board of Governors in 1967. (1967 *Trans*: 83, 43) "Resolved that the Dental Services Committee and Auxiliary Services Committee be composed of a representative of each of the corporate members, elected by the Board of Governors, in consultation with the corporate member, and that the constitution and by-laws of the Association be amended accordingly." In conformity with this resolution the following amendment is suggested:

Article X Committees. Section 4. *Terms of Reference for Committees.*

"(a) *Auxiliary Services* shall consist of" eliminate "five members" and substitute "a representative of each corporate member."

"(d) *Dental Services* shall consist of" eliminate "seven members" and substitute "a representative of each corporate member." Eliminate sentence beginning "The Chairman" and ending "advisory member."

Mail Vote

5. The following resolution was passed at the 1966 meeting of the Board of Governors: "That the Council on Constitution and By-laws be requested to review Article XVII of the CDA By-laws with respect to a mail vote." After review of the mail vote situation, the opinion of the Council on Constitution and By-laws is that such a vote must be unanimous and not a simple majority, before any action can be taken.

Resolutions

6. (1) That Article XI, Sections, Section 1, be amended by the addition of "Section on Public Health Dentists."

ADOPTED

- (2) That Article II, Members, Section 1 be amended to read "*Corporate Members* — shall consist of provincial dental corporations that are representative of the profession at large in the province and having a membership of at least ninety per cent of the dentists licensed to practise in that province. They shall have been admitted to corporate membership by the Association at a duly called meeting. Continuance of membership by corporate members shall be contingent upon the payment of an annual grant satisfactory to the Board of Governors, and pursuant to Article XVI. No corporate member shall withdraw from membership except upon notice given one year in advance of the intended date of withdrawal."

REJECTED

The legal implications of "provincial statutory dental corporations" and "provincial dental corporations" have not been completely resolved.

- (3) That Article II Members, be amended by the addition of: "Section 5. *Student Members* — shall consist of persons who shall have

CONSTITUTION AND BY-LAWS

been admitted to student membership in the Association by the Executive Council. Undergraduate students at an accredited dental school in Canada are eligible to become student members. Graduate dentists who have not been licensed to practise and who have gone directly from their undergraduate program to a full academic year of advanced study at an accredited school or in a hospital program approved by the Council on Education are also eligible to become student members."

ADOPTED

- (4) That Article III Privileges of Members be amended by the addition of:

"Section 4. *Student Members*. A student member in good standing shall have the same rights and privileges as individual members except that he may not hold office."

ADOPTED

- (5) That Article X Committees, Section 4(a) be amended to read:
"(a) *Auxiliary Services* shall consist of a representative of each corporate member."

Duties to remain the same.

ADOPTED

- (6) That Article X Committees, Section 4(d) be amended to read:
"(d) *Dental Services* shall consist of a representative of each corporate member."

Duties to remain the same.

ADOPTED

- (7) That Article XVII Mail Vote be amended to read:
"A mail vote of the Board of Governors or of the Executive Council on a resolution submitted in writing, when unanimous, shall be as effective and binding as if passed at a regularly constituted meeting."

REJECTED

On motion from the floor, resolved:

That Article XVII Mail Vote be amended to read:

"A mail vote of the Board of Governors or of the Executive Council on a resolution submitted in writing by registered mail shall be as effective and binding as if passed at a regularly constituted meeting when no negative ballots are returned within 10 days of the date of the original mailing, and ballots have been returned by a quorum of voting members.

ADOPTED

This report is essentially informative in nature but reflects diligence and clarity. The Council deserves the commendation of the Board.

MEMBERS: *Executive: Wesley P. Munsie, CDA President; A. E. Swanson, BCDA President; John G. Ryan, Convention Chairman; Max Nacht, Treasurer; Committee Chairmen; N. C. Ferguson, Scientific Program; K. J. Killas, Entertainment; R. W. Davis, Exhibitors; S. R. Moscovich, Printed Program; E. E. Martin, Host; J. L. Hornibrook, Arrangements; L. R. McBride, Housing; J. A. Folkins, Publicity; Michael Balanko, Registration; M. M. Mickelson, Golf; C. R. Braaten, Art Exhibit; Charles E. Craig, Closed Circuit Television; Mrs. John G. Ryan, Ladies' Program.*

REPORT

(comment and action in **bold face type**)

1. The Canadian Dental Association accepted the invitation of the British Columbia Dental Association to host the 1968 national convention in Vancouver from Wednesday, June 26, through to Saturday, June 29. Convention headquarters will be in the Hotel Vancouver. The size of the expected registration will exceed the capacity of this hotel. Therefore, it will be necessary to make use of the convention facilities of the Hotel Georgia and the Bayshore Inn.
2. The Board of Governors meeting is to be held from Sunday, June 23, until Wednesday, June 26, at the Hotel Vancouver. The usual reservations and arrangements have been made to accommodate the Board meetings and reference committees on the advice of the Secretary of the Canadian Dental Association.
3. Every effort has been made over the last eighteen months to develop a program, both scientific and social, that would do honour to our national organization. The chairman wishes to acknowledge the sustained interest and energy of the convention committee, over this lengthy period, to make a success of our opportunity to render this service to our profession.
4. A summary of the program is provided in *Appendix A*.
5. At the outset, an agreement was made with the Sections to welcome all those registered at the convention to attend their lectures.

Publicity

6. The publicity included:
 - (1) Advance information which has been appearing in the *Journal of the Canadian Dental Association* and in the *Bulletin of the British Columbia Dental Association*.
 - (2) One direct mailing in early March to all Canadian dentists including travel information from Canadian Pacific Airlines and the Vancouver Tourist Bureau.
 - (3) This mailing included three different stickers which will serve as convention reminders to be inserted in appointment books, plus a letter from the Publicity Committee.
 - (4) One direct mailing, by Air Canada, to all dentists in Canada outside British Columbia.

CONVENTION

- (5) Announcements to the editors of all provincial publications, and those of the British Dental Association, the West Indies Dental Association, the American Dental Association and the State Bulletins of Washington, Oregon, and California concerning convention dates, program and other activities.
- (6) The printed program was mailed to all Canadian Dental Association members at the end of April.
- (7) A follow-up direct mailing to all members in the form of a cartoon postcard as a final reminder, scheduled for mailing on May 15.

Printed Program

7. The printed program was mailed to all dentists in Canada at the end of April, eight weeks prior to the convention. This represented a major part of our publicity to attract members to the convention. The committee chairman was able to sell all available advertising space without outside help.

Exhibitors

8. One hundred and nine exhibit spaces have been sold. This represented every inch of available floor area, and several exhibitors who requested space could not be accommodated. A reception will be held for our exhibitors on Thursday evening during the convention.

Art Exhibit

9. The space commitments in the convention hotel were so strained that we were obliged to use the Hospitality Suite for this purpose, and to use the works of noted Western professional artists only. The fact that we had to break with the tradition of showing the work of our members is deeply regretted.

Scientific Program

10. No effort was consciously made to develop an overall theme. With the integration of our program and that of the Sections, the natural result has been a comprehensive, and balanced presentation of all phases of dental practice.

11. The principle clinicians and essayists are widely known for their lecturing ability, and for their contributions to dental literature. Table clinics, ninety-two in number, will be presented continuously.

Sections

12. Six Sections will hold their meetings in conjunction with the main convention. The Dental Hygienists and the Dental Nurses and Assistants Associations are also holding their meetings. The programs of these groups have been included in the printed program. The lectures of the Sections are open to all who are registered at the convention.

Luncheons

13. The luncheon on Thursday, courtesy of the Province of British Columbia, will feature an address by the Premier the Hon. W. A. C. Bennett. The Canadian Dental Association luncheon will be held Friday, June 28, with President Wesley P. Munsie introducing the President-elect, Henri Brouillet, and other noted

guests. Saturday will have a lighter theme at the Sportsmen's luncheon where three nationally prominent sports figures will be featured.

Registration

14. The budget was based on an estimated attendance of 1,200 dentists and 700 wives. Initial indications from advanced registrations suggest a substantially higher attendance. Registration and housing forms have been included in advance publicity mailings, and also have been included as a tear-out page in the March edition of the Canadian Dental Association *Journal*. The men's convention fee will be \$25.00, which will include three luncheons and the registration party Wednesday evening. The ladies' fee will be \$15.00 and will include social functions held during the day on Thursday and Friday as well as the registration party. On Thursday evening, a barbecue dinner will be held at H.M.C.S. Discovery. Vancouver's Chinatown will host the convention on Friday night with unusual entertainment and Chinese food. The President's Fiesta Ball will conclude the convention on Saturday night. Cost for this function will be \$25.00 per couple.

Entertainment

15. The Registration Cocktail Party at the Bayshore Inn on Wednesday evening will feature hor d'oeuvres, music and cocktails which should make registration a pleasant occasion. On Thursday evening, there will be a giant outdoor barbecue at land-based H.M.C.S. Discovery in Vancouver's harbour. Children will be admitted free to the Paul Bunyan night celebration. On Friday evening, the party will be in Chinatown where the feature, apart from the delicious food, will be a Chinese dragon parade.

16. Saturday, the finale, will be the President's Fiesta Ball in the Hotel Vancouver. For this dinner dance, it has been necessary to limit attendance to five hundred couples. Cocktails and entertainment will commence at 6:00 p.m. Mr. Earl Grant and his group will perform following dinner. Dancing will continue until 12:30 a.m. For this function, the dress is optional.

Housing

17. The Housing Chairman was able to obtain over eight hundred rooms in the downtown area, a remarkable feat at such a busy period of tourist activity.

Ladies' Program

18. The ladies' committee has concentrated its efforts on two major social functions. Their program is attached as *Appendix B*.

Budget

19. The budget is attached as *Appendix C*.

Closed Circuit Television

20. With the financial assistance of the Procter & Gamble Company, television will be utilized in the operation of a Message and Information Centre during the day from 9:00 a.m. until 5:00 p.m. It is then planned to present our own programs beamed over a closed-circuit connection to all the rooms of the convention

CONVENTION

hotel. These will be prepared in advance, on video tape, and scheduled for early morning, 7:30-9:00 a.m., and in the evening, from 5:00 to 7:00 p.m. It is hoped that some sessions of the Board of Governors meeting as well as movies relating to dental research, interviews with clinicians, etc., can be made into interesting and appropriate programs. A television schedule will be printed for distribution at the convention.

Resolutions

21. This report is informational and no resolution are submitted.

The committee is highly commended for its extensive work in establishing both the general and the ladies' programs for the 1968 convention.

It is noted that local arrangements made it necessary to interchange the Thursday and Friday luncheons as originally scheduled, so that the CDA luncheon will take place Thursday noon.

Appendix A

GENERAL PROGRAM — CDA CONVENTION

1968

Wednesday, June 26

4:00 p.m.	Registration opens at the Bayshore Inn
6:00 - 10:00 p.m.	Registration Cocktail Party

Thursday, June 27

8:00 a.m.	Registration — Hotel Vancouver
8:45 a.m.	Convention Opening
9:00 a.m.	Commercial Exhibits open
9:00 - 10:15 a.m.	Essay — Dr. Gerald D. Stibbs
10:00 - 12:00 noon	Table Clinics
10:30 - 11:45 a.m.	Essay — Dr. Rex Ingraham
10:30 - 11:45 a.m.	Grieve Memorial Lecture — Dr. Silas Kloehn
12:30 p.m.	Luncheon — Hon. W. A. C. Benett
2:30 - 4:30 p.m.	Table Clinics
2:30 - 3:30 p.m.	Essay — Dr. Saul S. Schluger
3:30 - 4:30 p.m.	Essay — Dr. Rex Ingraham
6:00 - 10:00 p.m.	Paul Bunyan Beef and Salmon Barbecue

Friday, June 28

8:00 a.m.	Registration — Hotel Vancouver
9:00 a.m.	Commercial Exhibits open
9:00 - 11:30 a.m.	Table Clinics
9:00 - 10:15 a.m.	Essay — Dr. Rex Ingraham

9:30 a.m.	Motion Picture Program
10:30 - 11:15 a.m.	Essay — Dr. Gerald D. Stibbs
11:00 a.m.	B.C. Hospital Dentists' Meeting
12:30 p.m.	CDA Luncheon — Dr. Wesley P. Munsie
2:00 - 4:00 p.m.	Round Table — Prepaid Dental Plans
2:30 - 4:30 p.m.	Table Clinics
2:30 - 3:30 p.m.	Essay — Dr. Saul S. Schluger
2:30 - 3:30 p.m.	Essay — Dr. Rex Ingraham
3:30 - 4:30 p.m.	Symposium — CDA Task Force on Children's Dental Health Plan
4:00 p.m.	Public Health Meeting
6:00 - 10:00 p.m.	Evening in Chinatown

Saturday, June 29

8:00 a.m.	Registration — Hotel Vancouver
9:00 a.m.	Commercial Exhibits open
9:00 - 11:30 a.m.	Table Clinics
9:00 - 10:00 a.m.	Essay — Dr. Gerald D. Stibbs
9:00 - 11:15 a.m.	Essay — Dr. Ferdinando Serri
10:00 - 12:00 noon	Round Table — Occlusion in Dentistry
12:30 p.m.	Sportsman's Luncheon
2:00 - 4:00 p.m.	Annual Meetings
6:00 - 12:00	
Midnite	President's Fiesta

Section Programs

Section	Day
Canadian Academy of Restorative Dentistry	June 25 & 26
Canadian Society of Orthodontists	June 26, 27, 28 & 29
Canadian Academy of Prosthodontics	June 27
Canadian Academy of Periodontology	June 27 & 28
Canadian Academy of Endontics	June 25 & 26
Canadian Society of Dentistry for Children	June 27, 28 & 29
Canadian Dental Hygienists Association	June 26 & 27
Canadian Dental Nurses and Assistants Assoc.	June 26 & 27

General

R.C.D.C. Association Reunion	June 28
Past Presidents' Breakfast	June 28
Alpha Omega Fraternity Dinner Dance	June 27
Xi Psi Phi Fraternity Cocktail Party	June 27
Display of Western Art	June 27, 28 & 29

CONVENTION

Appendix B

LADIES' PROGRAM — CDA CONVENTION

1968

Wednesday, June 26

- p.m. Registration opens at the Bayshore Inn
- Registration Cocktail Party at the Bayshore Inn

Thursday, June 27

- a.m. Breakfast at the Bayshore Inn — Celebrity Speaker
- p.m. Paul Bunyan Beef and Salmon Barbecue
- H.M.C.S. Discovery in Stanley Park

Friday, June 28

- a.m. Champagne Brunch and Fashion Show
- Queen Elizabeth Theatre
- Champagne and Buffet of exquisite cuisine
- Fashions by Mr. Roberts
- p.m. Evening in Chinatown
- Lanterns, dragons, fireworks and Oriental cuisine

Saturday, June 29

- p.m. President's Fiesta
- Dinner and Dance — Dress optional
- Featuring entertainment of Mr. Earl Grant

Appendix C

CONVENTION BUDGET

1968

Revenue

1968 Convention Fee \$25.00 (1,200)	\$30,000
Ladies' Convention Fee \$15.00 (700)	10,500
Rental from Exhibitors	16,500
	\$57,000

Expenditures

Clinicians	\$ 6,000
Printed Program	3,500
Registration	1,500
Exhibitors' Reception	1,000
President's Reception and Rooms	1,000
Luncheons	12,000
Host	1,500
Publicity and Public Relations	3,000
Operating	2,500
Office Assistance	5,000
Ladies' Committee	11,000
Entertainment and Decorations	6,000
Contingencies	2,000
	56,000
NET PROFIT	
	\$ 1,000

MEMBERS: *P. E. Currie, Chairman, London; D. A. Eisner, Halifax, H. Hamel, Quebec; J. M. Carefoot, Brantford; J. Sim, St. Catharines; G. Lie, Weston; R. D. Glenn, Winnipeg.*

REPORT

(comment and action in **bold face type**)

1. The Dental Services Committee met April 8-9, 1968, at CDA headquarters. Dr. L. Caslake attended in place of Dr. Eisner. Dr. W. Joiner, Vancouver, attended as a consultant at the request of the Chairman. Dr. J. Merritt, Halifax, Chairman, Nova Scotia Dental Services Committee, attended as an advisory member on April 9.

Projection of Dental Services

2. In February, 1967, the Executive Council of the CDA appointed a subcommittee "to compile a policy statement on the projection of dental services following consultation with corporate members and related CDA committees." Notwithstanding this charge to another subcommittee, the Dental Services Committee felt strongly that a new policy statement would be most desirable and that it should be an imaginative reflection of the dynamic changes within and without the profession. The following resolution was proposed and adopted:

Whereas the dental profession exists to serve the Canadian Public, and

Whereas, in this context, it is important that the profession state its objectives,

Therefore be it Resolved that the Dental Services Committee of the Canadian Dental Association is in favour of a strong policy statement on the projection of dental services that reflects the profession's concern for the welfare of the public, and further

That the policy statement include specific direction in the following areas:

1. The role of the dental profession in meeting the expectations of the Canadian public in regard to dental services.
2. The periodic examination and licensing of practitioners.
3. Public relations.
4. Ethical standards.
5. Curriculum content.
6. Prepayment plans including the mechanics of implementation.
7. The role of dental auxiliaries including integration of their training in educational institutions.

Whereas the Board of Governors of CDA at the 1966 annual meeting directed that the Policy Statement on the Projection of Dental Services be reviewed and rewritten under the guidance of the Executive Council, and

Whereas a subcommittee of the Executive Council has initiated an overall review of CDA philosophy, and

Whereas subsequent to this action a consensus of the Board reflects some disagreement as to the meaning and implications of the term 'Policy,' therefore be it

Resolved that the Aims and Objectives Conference attempt to determine the acceptance by the corporate members of the term 'Policy.'

ADOPTED

Prepayment Plans

3. The Board of Governors, at the 1967 meeting, recommended that the Dental Services Committee:

- “(1) gather all available information on existing prepayment plans;
- (2) compare activities and scope of these plans as they now exist;
- (3) advise on the extent to which the dental profession should be involved in the operation of such plans” (1967 *Trans*: 45, 4).

4. Essentially, four types of prepayment plans (categorized by sponsorship) are available:

- (1) Commercial carrier plans.
- (2) Profession non-profit plans.
- (3) Closed panel plans.
- (4) Self-insured plans.

A more detailed discussion of these plans is included as *Appendix A*.

5. For the CDA to develop a policy statement which will apply to the plethora of potential plans would seem to be inadvisable at this juncture. It is possible, however, to isolate certain principles which could form a basis for prepayment plans in general (*Appendix B*). These principles would seem to offer a climate conducive to the optimum dental health of the potential recipients of a prepayment plan. The list is not necessarily inviolable or exhaustive. It should, however, provide a practical guideline.

Whereas it is inadvisable to develop a policy statement on prepayment plans at this time, and

Whereas a practical guideline has been developed by the Committee entitled 'Principles For Prepayment Plans' (*Appendix B*) therefore be it

Resolved that the 'Principles For Prepayment Plans' as listed in *Appendix B* be accepted.

ADOPTED

Dental Welfare Plans

6. The Committee reviewed the various provincial welfare plans now in operation and the philosophies involved. The recommendations of the Board of Directors of the RCDS of Ontario (*Appendix C*) received favourable comment and the preventive aims were commended.

7. The following resolution was proposed and adopted:

Whereas a preliminary study of dental public assistance programs in Canada indicates a vast disparity of philosophies and programs, and

Whereas there is an increasing interest on the part of governments and the

public in extension of 'public assistance' programs, and

Whereas the dental profession has the responsibility of advising governments on the need for and the application of dental services for recipients of public assistance,

Therefore be it Resolved that the study of dental public assistance programs in Canada be continued with a view to the establishment of practical guidelines that would include recommendations on priorities, scope of services, and methods of administration.

The Board of Governors is pleased to note in paragraphs 7 and 8 that the Dental Services Committee intends to continue its study on public assistance programs in Canada.

Revision of List of Dental Services

8. Since the CDA reference list of dental services was first published in 1964 (1964 *Trans*: 30), there have been some obvious and logical changes. A preliminary attempt has been made to revise this list (*Appendix D*) but interested groups and corporate members should peruse this revision and forward constructive suggestions to the Committee. It is probable, for example, that the oral surgeons would prefer to use the International Classification and the entire section "B" could be rewritten. It should be emphasized then that *Appendix D* is reprinted for reference purposes only and that a mature version will be prepared for the next Board Meeting.

Whereas it is important for CDA to have available a contemporary reference list of dental services, therefore be it

Resolved that the chairman of the Dental Services Committee seek the guidance of all interested individuals and groups in finalizing the list for presentation to the next Board of Governors meeting.

ADOPTED

Coding System for Dental Services

9. Although a coding system was requested by the Board (1967 *Trans*: 46, 9) it would seem inappropriate pending a finalization of the reference list of dental services. In addition, the Committee felt that the practical value of a coding system will be enhanced when the many coding systems in use in North America are at least partially resolved.

Standardized Claims Form

10. Various combinations of claims forms were considered by the Committee. The Chairman was requested to attempt a reconciliation of these views and the result is appended (*Appendix E*).

Appendix E adopted as amended.

Revised Representation of Dental Services Committee

11. The following resolution was proposed and adopted:

Whereas the Board of Governors directed that the constitution of the Dental

DENTAL SERVICES

Services Committee be changed from a seven member committee to a committee comprising a representative from each provincial dental services or comparable committee (1967 *Trans*: 83), and

Whereas the main purpose of this change is to improve two-way communications between the provincial and national committees, thereby increasing the efficiency of each group, an objective endorsed by the Dental Services Committee, and

Whereas it is recognized that national concepts and viewpoints cannot always be completely in harmony with the views of each individual provincial corporate member, and

Whereas national committees and indeed the Board of Governors have the responsibility of developing guidelines and policies that are deemed to be in the best interests of Canada as a whole rather than for the benefit of any one province, and

Whereas such a goal can only be reached by having the voting members of any given national group share with each other their provincial experiences and philosophies, and from this background select those proposals that are most appropriate for the good of the Canadian community as a whole,

Therefore be it Resolved that the Board of Governors seek the co-operation of all corporate members in making it abundantly clear to individual members of national councils, committees and boards that while the voting members of any national group are charged with the responsibility of bringing their respective provincial organizations' viewpoints to the attention of the national body on which they have been elected to serve, but that having done this, they are freed to assess a given situation on the basis of all the information available and on national issues vote according to the dictates of their own conscience.

The basic principles are approved, but the resolution also contains inappropriate instructions to CDA members.

Therefore it is REJECTED

Chairman's Remarks

12. With the revised representation of the Dental Services Committee, the opportunity will be presented, as never before, to truly co-ordinate "dental services" with the corporate members. Increasingly, there appears to be a duplication of effort by provincial dental services committees and the CDA. It should be possible, now, to "farm out" major projects to specific corporate members (the CDA representative might have particular knowledge or interest in a defined project) and, in effect, create subcommittees. Thus the CDA committee could act most effectively in a co-ordinating capacity. Resource material for these subcommittees could be made available from CDA headquarters when required.

13. A necessary part of this reorganization would be a permanent filing system, autonomous to the Dental Services Committee, in CDA headquarters.

14. Hopefully, the net effect of these changes would be to reduce the "reaction

time” of the Committee in any of the facets of dental services. Some issues, of necessity, must be “continuing studies” but many should be resolved promptly by the co-ordinated action of the CDA and the corporate members.

Resolutions

15. That the Board of Governors give consideration to the following:

(1) Approval of the “Principles of Prepayment Plans” (*Appendix B*).

Resolved that the “Principles For Prepayment Plans” as listed in *Appendix B* be accepted.

ADOPTED

(2) Approval of the format of the “Standardized Claims Form” (*Appendix E*).

Whereas it is a prime objective that a basic standard claims form be designed by the profession, and

Whereas such a form has been developed as *Appendix E*, therefore be it

Resolved that *Appendix E* be approved as amended.

ADOPTED

(3) Approval of the appointment of the Chairman of the Dental Services Committee as an ex officio member of the Auxiliary Services Committee and the reverse with respect to the Chairman, Auxiliary Services Committee.

REJECTED

The following substitute resolution is proposed:

Whereas the deliberations of the Auxiliary Services Committee and the Dental Services Committee may complement one another, therefore be it

Resolved that where feasible the appointment of a member of the Dental Services Committee as an ex officio member of the Auxiliary Services Committee, and vice versa be approved.

ADOPTED

Appendix A

TYPES OF PREPAYMENT PLANS

Commercial Carrier Plans

1. Currently the Canadian situation is dominated by the commercial carriers. Since most insurance companies dealing with health coverage are being forced out of the medical field by government intervention, many of these same carriers are turning to dentistry. The vast majority of plans are concerned with groups, preferably where a third party (employer) will absorb the premium as a fringe benefit. Regrettably, to date, most commercial carriers have not sought the advice of the authorities within the profession. The result has been an incongruous jumble of benefits, limitations, fee schedules, variables in co-insurance and deductibility clauses, inadequate or poorly designed forms (often a medical form) and publicity releases which confuse both patient and dentist. Hopefully, this situa-

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Appendix A

tion should improve as the carriers discover that medical and dental prepayment plans are quite dissimilar.

Profession Non-Profit Plans

2. The professionally sponsored, non-profit plans, administered by dental service corporations, have yet to be attempted in Canada with one notable exception: the Dental Association of B.C. (DSA) has an operating record of almost two years (July 1, 1966) and currently 8,000 persons covered, with plans for 30,000 by the end of 1968.

3. The highlights of this plan are as follows:

- (1) To date, and although chartered to do so, the funding has not been handled by DSA. Instead the Credit Union and Co-operative Health Services Society (CU&C) has handled all premiums and paid out all benefits.
- (2) The DSA contracts with its members (participating dentists) and then contracts with the CU&C to provide services to its member groups. In effect, DSA acts as an advisory intermediary between the individual dentist and the contracting group.
- (3) The plans are based on a 50% co-insurance factor. The DSA receives 5% of all benefits paid to the dentist on behalf of the patient (thereby costing the dentist 2½% of his fee in most instances) for the retirement of the initial capital cost in establishing DSA. In addition, DSA receives 2% of all premiums paid to CU&C for administration costs.
- (4) The result is, unlike funded dental service corporations, DSA can *advise impartially* since it has no vested interest in the funds required to operate the plan. Certainly it does not have to prove its non-profit status to CU&C or others and it can encourage utilization and all aspects of raising dental health standards without being directly concerned with a possible financial loss.

Closed Panel Plans

4. Essentially, these are prepaid group practices sponsored by practitioners, unions, union-management groups, etc. In early 1968 they do not exist in Canada.

Self-Insured Plans

5. An employer may wish to operate a plan within his own jurisdiction. Although not popular at the moment, this type of plan could be quite attractive to all parties — for example, the prepayment plan sponsored by the CDA for its headquarters staff.

Appendix B

PRINCIPLES FOR PREPAYMENT PLANS

1. Treatment procedures without preventive care by the dentist and patient will produce treatment failure.

2. A plan which will provide comprehensive care should produce better dental health for the recipients. Such care should include specialty services.
3. Co-insurance principles should probably prevail for most if not all treatment procedures.
4. Patients should be free to choose their own dentist and, conversely, the right of dentists to select patients should be assured.
5. Prior authorization for covered services should not be required except in extreme situations.
6. Treatment, wherever possible, should be provided by dentists in private practice and all licensed dentists should be eligible to participate.
7. The basis of payment for services should be the dentist's usual fees or the schedules of fees established by the appropriate provincial dental organization.
8. Contracts and promotional literature should clearly state the dental benefits covered by the plan as well as the restrictions and any conditions that might be relevant.
9. The financial reserves of the plan should be adequate to ensure continuity of the program.
10. Plans should include adequate provision for the impartial adjudication of all controversies. Professional standards and discipline, however, must be the responsibility of the appropriate licensing authority.
11. Promotional literature should:
 - (1) conform to ethical standards within the profession;
 - (2) encourage maximum utilization of a prepayment plan;
 - (3) stress continually and specifically the preventive aspects of dental care.
12. Standardized forms and nomenclature should prevail throughout the entire prepayment field.

ACCEPTED

RECOMMENDATIONS FOR EXTENDING PROVINCIAL DENTAL CARE PROGRAMS

PREAMBLE

At present the Ontario Dental Welfare Plan gives coverage to the following beneficiaries:

A beneficiary or recipient on whose behalf or to whom

- (a) an allowance is paid under *The Mothers and Dependent Fathers Allowance Acts*, or

DENTAL SERVICES

Appendix C

- (b) assistance is paid under Ontario Regulation 22/63 as made under *The General Welfare Assistance Act*.

This program provides the following minimal benefits:

1. Caries examination, augmented by bitewing radiographs.
2. Emergency care, consisting mainly of the removal of offending teeth.
3. Prophylaxis.
4. Plastic restorations (silver amalgam and silicate cement) to restore manageable caries lesions.

IT IS RECOMMENDED THAT these benefits be expanded, by stages, as follows:

STEP 1

To improve the preventive aspect of the program these benefits should be expanded to include:

1. Complete examination for each new patient in the program.
Note: Full mouth x-ray survey not permitted without prior approval.
2. Cleaning of teeth, and the topical application of fluoride-phosphate solutions.
3. Conservative periodontal treatment including supra and subgingival scaling and packing.
4. Nutritional counselling.
5. Oral hygiene instruction including provision of a toothbrush and a therapeutic dentifrice.
6. Biopsy and cytological examination of suspected pathological lesions.
7. Removal of teeth and pathological processes.
8. Plastic restorations (silver amalgam and silicate cement) for manageable carious lesions.
9. Emergency care of fractured teeth.
10. Endodontic treatment for single rooted teeth.
11. On a recall basis the following procedures are authorized:
 - (a) re-examination of the hard and soft tissues,
 - (b) posterior bitewing radiographs,
 - (c) topical application of fluoride solutions,
 - (d) polishing and scaling of the teeth, and
 - (e) a review of the oral hygiene.

12. In addition, where indicated, the program should provide for the restoration and replacement of teeth for aesthetic and functional reasons, simple orthodontic appliances, and special surgical procedures.

In item 12 approval is necessary. Authorization for this service will only be approved when the request is substantiated by a complete history and x-rays.

The program would continue to be administered by the RCDS or the ODA through the Dental Services Committee.

The practice of direct payment to the dentist would continue as presently constituted. However, as it is impractical to attempt to predict the costs of this program, we recommend that the existing formula of a specific grant per individual beneficiary be abandoned; the RCDS would simply submit a monthly account to the appropriate agency for reimbursement of expended funds. Allowances for administration expenses would have to be made.

STEP 2

Extend the above coverage to all individuals in the province receiving social assistance (i.e. those persons whose participation in the Ontario Medical Services Insurance Plan is fully paid for by the Ontario Government). This suggested plan has the following advantages:

1. It is preventive in nature.
2. Will provide a quality service.
3. With a very modest investment.

LIST OF DENTAL SERVICES

DIAGNOSTIC AND CONSULTATION SERVICES

Clinical Oral Examination

- (a) General
- (b) Specific

Recording History and Charting

Interpretation of Radiographs

Diagnostic Models

Diagnostic Models (Mounted)

Diagnostic Models (Orthodontic)

Medication for Diagnostic Purposes

Treatment Plan

Written Report

Treatment Presentation

Consultation

- (a) With Patient
- (b) With Members of Profession

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Biopsy

- (a) Soft Tissue
- (b) Hard Tissue

Cytological Examination

Bacterial Examination (Culture)

Pulp Tests

- (a) General (complete)
- (b) Specific (local)

Radiographs

1. One Periapical Film Area
2. One Quadrant
3. Complete Series Periapical Films including Bite-Wings
4. Single Bitewing Film
5. Posterior Bitewing Films
6. Occlusal Film
 - (a) Mandibular
 - (b) Maxillary
7. Extraoral Radiographs
 - (a) Right lateral
 - (b) Left lateral
 - (c) Posterior-anterior
 - (d) Panoramic Film
8. Cephalometric Radiographs
 - (a) Right lateral
 - (b) Left lateral
 - (c) Posterior-anterior
 - (d) Anterior-posterior
 - (e) Right oblique
 - (f) Left oblique
9. Temporomandibular Joint

PREVENTIVE SERVICES

Prophylaxis, scaling and polishing (deciduous dentition)

Prophylaxis (permanent dentition)

- (a) Scaling
- (b) Polishing

Occlusal Adjustment

- (a) General (complete dentition)
- (b) Specific

Oral Hygiene Instruction (oral physiotherapy)

- (a) Brushing
- (b) Massaging
- (c) Embrasure Cleansing

Nutritional Counselling

Dental Caries Susceptibility Tests

Finishing Restorations (including refinement of marginal ridges and occlusal surfaces)

Protective Appliance (Athletic)

PREVENTIVE ORTHODONTICS

Space Maintenance

A. Removable Appliances

- (a) Unilateral Acrylic
- (b) Bilateral Acrylic

B. Fixed Appliances

- (a) Cast Crown, Band, etc.
- (b) Soldered Lingual Arch

TREATMENT SERVICES

A. Emergency Services

Emergency Treatment (palliative)

- (a) Teeth
- (b) Supporting structure

Emergency Endodontic Treatment (including examination and diagnosis)

Examination and Diagnosis of Injuries to the Teeth and Supporting Structures (treatment not included)

Removal of Carious Lesion(s) and Dressing

Emergency Treatment

- (a) Requiring sutures
- (b) Requiring debridement and sutures
- (c) Requiring debridement, sutures, and other surgical procedures

Post-operative Treatments

Professional Visits to Bedside

- (a) Examination and diagnosis
- (b) Including palliative treatment

B. Surgical Services

Removal of Erupted Teeth (uncomplicated)

- (a) Single tooth
- (b) More than one tooth in same quadrant

Removal of Single Erupted Tooth (complicated)

Removal of Unerupted Teeth

- (a) Soft tissue coverage
- (b) Partial bone coverage
- (c) Complete bone coverage

Removal of Residual Roots

- (a) Soft tissue coverage

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- (b) Bone tissue coverage
- Frenoplasty
- Post-operative Treatment
- Alveolectomy — per quadrant
 - (a) Dentulous
 - (b) Edentulous
- Alveoloplasty — per arch
- Removal of Torus
 - (a) Palatal
 - (b) Mandibular
- Excision of Hyperplastic Tissue — per arch
- Intraoral Incision and Drainage of
 - (a) Abscess
 - (b) Cyst
- Extraoral Incision and Drainage of Abscess
- Excision of Pericoronal Gingiva
- Sialolithotomy: removal of salivary calculus intraorally
- Sialolithotomy: removal of salivary calculus extraorally
- Closure of Salivary Fistula
- Dilation of Salivary Duct
- Excision of Benign Tumour
 - (a) Soft tissue
 - (b) Bone tissue
 - (c) With bone graft
- Excision of Malignant Tumour
 - (a) Soft tissue
 - (b) Bone tissue
 - (c) With bone graft
- Transplantation of
 - (a) Tooth
 - (b) Tooth bud
- Incision and Removal of Foreign Body from Soft Tissue
- Removal of Foreign Body from Bone (independent procedure)
- Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body
- Closure of Antraoral Fistula
- Excision of Cyst (under 2 cm.)
- Excision of Cyst (over 2 cm.)
- Sequestrectomy (for osteomyelitis or bone abscess)
- Temporomandibular Joint
 - (a) Condylectomy
 - (b) Meniscectomy
 - (c) Injection of Medication
- Exposure of Tooth for Orthodontic Treatment

Treatment of Trigeminal Neuralgia by Injection into Second and Third Divisions

Treatment of Simple Fracture of Maxilla

- (a) Open reduction method
- (b) Closed reduction method

Treatment of Compound or Comminuted Fracture of Maxilla

- (a) Open reduction method
- (b) Closed reduction method

Treatment of Simple Fracture of Mandible

- (a) Open reduction method
- (b) Closed reduction method

Treatment of Compound or Comminuted Fracture of Mandible

- (a) Open reduction method
- (b) Closed reduction method

Treatment of Malar (Zygomatic) Fracture, Simple, Closed Reduction

Treatment of Malar (Zygomatic) Fracture, Simple, or Compound Depressed, Open Reduction

Treatment of Fracture of Condyle

- (a) Open reduction method
- (b) Closed reduction method

Treatment of Dislocation of Mandible

Treatment of Luxation of Mandible (uncomplicated)

Surgical Treatment of

- (a) Prognathism
- (b) Retrognathism
- (c) Apertognathism

Enucleation of Tooth Follicle

Palatoplasty

- (a) Partial Cleft
- (b) Complete Cleft
- (c) Anterior Palatal Defect Only

Treatment of Fracture of Alveolus

Ridge Extension

C. Periodontic Services

Non-surgical

Displacement Dressing (packing)

Removal of Calculus (scaling)

- (a) Supragingival
- (b) Subgingival
- (c) Polishing, including removal of bacterial and mucinous plaques

Treatment of Temporomandibular Joint Disorder

Treatment of Periodontal Abscess and Pericoronitis (possibility of surgical service)

DENTAL SERVICES

Appendix D

Treatment of Acute Oral Infections

- (a) Necrotic Gingivitis
- (b) Herpetic Stomatitis
- (c) Aphthous Stomatitis
- (d) Other acute forms of Gingivitis or Stomatitis

Desensitization of Tooth Surface

Maintenance Care

- (a) Re-examination
- (b) Re-evaluation of oral status
- (c) Provision of Maintenance Therapy (scaling occlusal adjustment, review oral hygiene, etc.)

Root Planing

Splinting (provisional)

- (a) Removable
- (b) Fixed

Periodontal Prosthesis

Minor Tooth Movement

Surgical

Gingival Curettage

Gingivoplasty

Gingivectomy

Gingivectomy with Osteoplasty

Gingivectomy with Curettage

“Flap” Surgery with Osteoplasty

“Flap” Surgery with Curettage

Mucogingival Surgery

- (a) Apically Repositioned Flap
- (b) Lateral Sliding Flap

Post-operative Treatments

D. Endodontic Services

Exposed Pulp Treatment (capping)

Pulpotomy (Deciduous Tooth)

Pulpotomy (Permanent Tooth)

Emergency Endodontic Procedures

Treatment of Traumatized Tooth

- (a) Not involving the pulp
- (b) Involving the pulp
- (c) With root fracture
- (d) With partial luxation

Emergency Occurring During Treatment of Tooth

General Endodontic Procedures

Preparation of Tooth for Treatment

Endodontic Procedures Not Involving Periradicular Surgery

- (a) Pulpectomy
- (b) Biomechanical Preparation of Root Canal
- (c) Chemotherapeutic Treatment of Root Canal
- (d) Bacteriological Test(s) for Sterility
- (e) Obliteration of Root Canal
- (f) Mummification of the Pulp

Endodontic Procedures Involving Periradicular Surgery

- (a) Apical Curettage
- (b) Root Resection
- (c) Root End Filling

Endodontic Procedures Involving Other Types or Surgery

- (a) Hemisection
- (b) Tooth Replantation

Post-treatment Care

- (a) Post-surgical Care
- (b) Treatment of Complications Following Surgery
- (c) Clinical and Radiographic Examination of Treated Tooth

Bleaching of Endodontically Treated Tooth

E. Restorative Services

1. Treatment of Dental Caries

Amalgam Restorations

Deciduous Dentition

- One Surface
- Two Surface
- Three Surface

Permanent Dentition

- One Surface
- Two Surface
- Three Surface
- More than Three Surfaces

Reinforced Amalgam Restorations (pins)

Silicate Cement and Direct Resin Restorations

- Class III and V
- Class IV
- Class IV (Pin Reinforcement)

Plastic Composite Restorations

- Class III and V
- Class IV
- Class IV (Pin Reinforcement)

Gold Inlay Restorations

- One Surface
 - Class I
 - Class V
- Two Surface

Appendix D

- Three Surface
- Three Surface — modified (only)
- Inlays with Retentive Pins
- Fused Porcelain Inlay
- Gold Foil Restorations
 - Class I
 - Class II and III
 - Class IV
 - Class V

2. Extensive Restoration of Teeth

Crowns

- Partial Veneer Crown
- Partial Veneer Crown with Direct Resin or Silicate Cement Veneer
- Partial Veneer Crown with Retentive Pins
- Cast Crown (Gold)
- Cast Crown (Acrylic Veneer)
- Acrylic Crown
- Porcelain Veneer with Metal Base
- Complete Porcelain Crown
- Cast Metal Post and Core (in addition to crown)
- Stainless Steel Crown
- Provisional Crown (protective dressing)

Fixed Bridge Restorations

Splinting (permanent)

Occlusal Rests

Removal of

- (a) Inlay
- (b) Crown
- (c) Fixed Bridge Restoration

Recementation of

- (a) Inlay
- (b) Crown
- (c) Fixed Bridge Restoration

Repair of Fixed Bridge Restoration

Replacing Fractured Facing

- (a) Backing Intact
- (b) Acrylic-processed
- (c) Reverse Pin

Complete Dental Rehabilitation

A. Evaluation of

- (a) Radiographs
- (b) Mechanical devices for reproduction of Temporomandibular Joint Function
- (c) Articulated models

B. Additional Services

Those not included in the previous list of restorative services; e.g. Maxillary and Mandibular "Custom clutches"

F. Prosthodontic Services

Dentures

Complete Maxillary and/or Mandibular Denture(s)

Partial Dentures

Partial Maxillary and/or Mandibular Denture(s)

(a) Clasp attachments

(b) Precision attachments

Provisional Removable Partial Denture

Denture Adjustments

(a) Denture Base

(b) Denture Occlusion

Obturator

Stress Breaker

Denture Repairs

Repairing Denture Fracture (no teeth involved)

(a) Complete Impression required

(b) Complete Impression not required

Repairing Denture Fracture with Fractured Teeth

(a) Complete Impression required

(b) Complete Impression not required

Replacement of Fractured Teeth

Replacement of Clasp on Denture

(a) Clasp Intact — complete impression required

(b) New Clasp Required — complete impression required

Denture Relining (complete or partial denture)

Denture Relining (complete or partial denture)

(a) Tissue Conditioning

(b) Processed

(c) Self Polymerizing

Denture Rebasing (using new denture base material)

Maxillofacial Prosthesis

G. Orthodontic Services

1. Diagnostic Phase — as per Diagnostic Services

2. Treatment Phase

(a) Extreme malocclusions requiring comprehensive orthodontic therapy involving both mandibular and maxillary arches. (Complete Banding)

Angle Classification:

(1) Class I, Malocclusions

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Appendix D

- (2) Class II, Division I, Malocclusions
- (3) Class II, Division II, Malocclusions
- (4) Class III, Malocclusions
- (b) Moderate Orthodontic therapy involving the mandibular or maxillary arch
- (c) Malocclusions not requiring complete banding
- (d) Individual Tooth Movement

H. Orthodontic Services — General Practice

1. Consultation — refer to diagnostic services

2. Appliance Service

Habit Inhibiting

- (a) Fixed Appliance
- (b) Removable Appliance
- (c) Excise Therapy (e.g. to correct mouth breathing, abnormal swallowing, tongue thrusting, etc.)
- (d) Motivation of Patient — Psychological Approach

Space Maintenance — refer to Preventive Orthodontics

Space Regaining and Tooth Movement (Tipping or Rotation)

- (a) Unilateral Fixed
- (b) Bilateral Fixed (e.g. lingual or labial arch with bands, tubes and locks)
- (c) Extra-oral Anchorage
- (d) Bilateral Removable Acrylic

Crossbite Correction

- (a) Removable Appliance
- (b) Fixed Appliance
 - (i) Anterior Crossbite
 - (ii) Posterior Crossbite

Dental Arch Expansion Treatment

- (a) Removable Appliance
- (b) Fixed Appliance

3. Observation and Adjustment

4. Recementation of Bands

5. Repairs or Alterations

I. Additional Services

Anaesthesia Services

- 1. Local Anaesthesia
- 2. General Anaesthesia for Conservative Dental Procedures
- 3. General Anaesthesia for Oral Surgical Procedures
- 4. Oral Sedation as an Adjunct to Local Anaesthesia
- 5. Intravenous Sedation as an adjunct to Local Anaesthesia

6. Inhalation Analgesia

Hospital Dental Services

Professional Visits after Normal Office Hours

Drug Therapy

- (a) Prescribed
- (b) Dispensed
- (c) Administered

Implant Dentures

Appendix E

PREAMBLE TO PROPOSED STANDARD CLAIMS FORM

1. An attempt to develop a standard claims form in a reasonably complete format is difficult because of the varying purposes of potential carriers.

For example, does the carrier propose a prepaid group plan with comprehensive treatment coverage or would the form be used only for school accident cases involving traumatic injury?

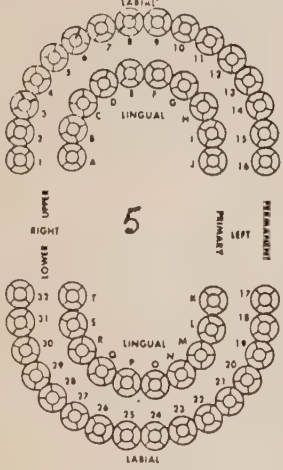
2. The prime objective of the profession, then, should be to design a basic form which would not be presumptuous of any carrier's particular requirements but which would include the following "standard" requisites.

- (a) a "numbering and lettering" system for a tooth diagram, the latter to be in an oval or "mouth" shape involving both permanent and primary teeth and with five surfaces indicated on each tooth,
- (b) a logical arrangement of the required information (including the listing of treatment procedures) which would be compatible with all potential carriers and their individual purposes,
- (c) an admission that complicated specialty treatment (i.e. full orthodontic treatment) may require additional information on a separate report,
- (d) provision for one original and two copies, as a general administrative principle.

3. Hopefully, the accompanying form satisfies these requisites. It should be interpreted with the attached "Notes for Standard Claims Form."

DENTAL SERVICES

Appendix E

DENTAL SERVICES Appendix E													
Individual Policyholder or employee					Patient								
DENTIST					4								
5													
					6				12				
					7	8	9		10	11			
					13					10		11	
14					15				16				
									17	18			
19					20								

Notes for Standard Claims Form

<i>Form Area Number</i>	<i>Information Possible Elective Information</i>
1	(a) Carrier's name (b) Carrier's description of plan type or "group policy" name (c) Possible "office use" data
2	(a) Name, address, telephone number (b) Any appropriate identification for carrier purposes (i.e. group number, union local, etc.) Possible employer's name, address, telephone number
3	(a) Name, address, telephone number (b) "Certified specialist? If 'yes' state specialty" (c) Possible questions relating to treatment Examples: (1) "Orthodontic treatment involved?" (2) Prosthodontic - Fixed prosthesis involved? - Partial removable prosthesis involved? - Complete removable prosthesis involved? - Initial placement of prosthesis? - If 'no' reason for replacement - Date of prior placement? (3) Instructions for listing of services (area six) or charting (area five)
4	(a) Name address, telephone number with: (b) "same as individual policyholder?" (c) "Relationship to individual policyholder?" (d) Possible birth date (e) Possible social security number (f) Possible questions to be answered by patient (or individual policyholder if patient is a minor) with 'yes' or 'no' or statement Examples: (1) "Dental treatment result of accident? If 'yes' did this accident occur during regular employment?" (2) "Dental treatment result of accident on school property? During normal school hours?" (3) "Treatment covered by other dental plans?"

DENTAL SERVICES

Appendix E

- 5 (a) No changes in basic format
- 6 (a) "Treatment record — list services in sequence of treatment dates"
(b) Possible treatment plan required for carrier authorization
"Proposed treatment plan — list in order from tooth #1 through tooth #32"
- 7 (a) "Date service performed — Month, Day, Year"
- 8 (a) "Tooth number or letter"
- 9 (a) "Description of service (including x-rays, prophylaxis, materials used, etc.)"
- 10 (a) Possible number or code for a particular treatment procedure
- 11 (a) "Fee"
- 12 (a) "Do not use this column"
(b) Possible use for carrier auditing (ex: computation of fee paid by carrier in co-insurance contract)
- 13 (a) Lines should be spaced sufficiently (3/16") to allow written as well as typed reports
- 14 (a) Carrier use
- 15 (a) "Remarks for unusual services"
- 16 (a) "Total fee"
- 17 (a) Part of area 15
(b) Possible carrier use (Example: "carrier per cent," "patient pays," "carrier pays," etc.)
- 18 (a) Part of area 15
(b) Possible carrier use for computations from 17(b)
- 19 (a) "I hereby certify that the services listed above have been performed." Dentist signature and date.
(b) Possible: "I hereby certify that the above services will be performed." Dentist signature and date (see 6 (b)).

Resolved that “I hereby certify that the above services will be performed” be amended to read “I hereby certify that the above services are planned.”

ADOPTED

- 20 (a) “I hereby authorize the release of any information relating to this claim.” Patient’s signature and date. (Or individual policyholder if patient is a minor.)
- (b) Possible carrier — patient releases or statements
 Example: “I hereby authorize payment directly to the above-named dentist of the benefits otherwise payable to me, but not to exceed the charges shown above. I understand that I am financially responsible for any charges not covered by this authorization.” Patient’s signature and date. (Or individual policyholder if patient is a minor.)

APPROVED AS AMENDED

NATIONAL EXECUTIVE COUNCIL: *C. H. McCormick, Chairman, Winnipeg; D. Macintosh, Halifax; R. Epstein, Halifax; N. Levine, Toronto; F. Pulver, Toronto; J. Stasiuk, Portage la Prairie; W. Shortill, Winnipeg; E. Holthe, Regina; J. C. Zaparniuk, Moose Jaw; E. F. Allison, Calgary; G. Jinks, Vancouver; R. L. Scott, Canadian Academy of Paedodontics, Brantford, Ont.; D. L. Rife, Executive Secretary-Treasurer, Toronto.*

REPORT

(comment and action in **bold face type**)

1. The fifth annual meeting of the National Executive Council of the Section was held on May 14th, 1967, in conjunction with the CDA annual meeting at the Royal York Hotel, Toronto.
2. The newly formed B.C. Chapter was officially recognized and the delegates seated in Council.
3. The CSDC now consists of chapters from coast to coast and with the exception of the Province of Quebec is completely national in character.
4. In Toronto the Council:
 - (1) Requested that all chapters of the Canadian Society of Dentistry for Children be alerted to keep their local and governing bodies currently informed on the Task Force's deliberations and add their own particular knowledge and interest as it applies to this particular national issue.
 - (2) Made a grant of \$200 to the Academy of Paedodontics for use in conducting a scientific program at the 1968 Canadian Dental Association Convention in Vancouver.
 - (3) Dr. D. Rife was appointed to attend on behalf of the Canadian Society of Dentistry for Children, the special joint meeting of the Conventions Subcommittee, section representatives and the Specialists and Specialization Committee to consider the status of sections. Dr. R. L. Scott represented the Academy of Paedodontics on the Specialists and Specialization Committee.
 - (4) Passed a motion that an assistant secretary be appointed by the National Executive Council at the annual meeting in Vancouver, 1968, to assist and understudy the present secretary in order that continuity could be maintained within the Society's organization.
 - (5) Elected C. H. McCormick Chairman, 1967-68.
5. Since the Toronto meeting:
 - (1) Met with the Committee on Constitution and By-laws of the Canadian Academy of Paedodontics to discuss improving lines of communication for the Academy members with the Canadian Dental Association. This took place in June, 1967.

- (2) Drs. D. Rife, Secretary, and R. Scott of the Academy, attended the joint meeting of the Specialists and Specialization Committee held in October, 1967, where further discussions took place regarding the role to be played by sections. Following this meeting a brief was prepared on the proposed ideas and distributed to chapters for study and the topic will be discussed at the annual meeting of the National Executive Council in Vancouver.
- (3) The Chairman attended the fall meeting of the Saskatchewan Chapter of the Canadian Society of Dentistry for Children.

6. The Executive Secretary-Treasurer has assumed the following responsibilities:

- (1) CDA representative to the Canadian Council on Children and Youth. (1967 *Trans*: 78, 26)
- (2) CDA representative to the Medical Advisory Board, Health League of Canada. (1966 *Trans*: 76, 31)

7. CSDC awards, 1967: University of Toronto, Dr. M. Litchen; McGill University, Dr. A. S. Hledin; University of Manitoba, Dr. F. Kaminsky; Dalhousie University, Dr. G. L. Terriss.

General Observations

- 8. (1) The lines of communication between the constituent chapters of the Canadian Society of Dentistry for Children, and the Executive Council are extremely frail and are in need of improvement. This is due in part to the breadth of Canada and the limitations placed on communication. It may also reflect the general apathy that appears to exist within the profession toward meeting the challenge of dentistry's future, a disturbing situation as the profession enters what now promises to be the most exciting and frustrating era of its existence.
- (2) The original intent of the formation of sectional status as a means of communication with the Board of Governors for members representing an interest in a particular area of dentistry (1956 *Trans*: 19) may have outlived its usefulness. The growth and development in the future of the Canadian Society of Dentistry for Children might better be satisfied if a review of its official position and role in Canadian dentistry be undertaken and action taken based upon conclusions from such a review. The review now under way by the Specialists and Specialization Committee on sectional status is noteworthy and may provide the framework upon which a stronger Society can be developed.
- (3) The advent of a national dental health program for children means an added responsibility to the profession. Positive and constructive action is required now, plans and unification must come forward from constituent chapters and the Academy of Paedodontics in order to guide our Society into the best dental plan for Canadians.

9. The Annual meeting of the National Executive Council will be held in the Kent Room, Georgia Hotel, Vancouver, June 27, 1968.

Canadian Academy of Paedodontics

10. The Canadian Academy of Paedodontics which has a constitutional relationship with CSDC submits the following separate report:

- (1) The Annual Meeting of this Academy was held in Toronto on the 15th of May, 1967. The scientific program, which was open to all, and sponsored by this Academy, included Dr. G. Nikiforuk, Dr. H. Parrot of Woodstock, Ontario, and Dr. Castaldi, and Dr. Feasby of Winnipeg.
- (2) An Annual Business Meeting was held at which the following executive was elected:
 - W. H. Feasby, D.D.S., F.R.C.D.(C), President.
 - R. L. Scott, D.D.S., F.R.C.D.(C), Past-President.
 - A. W. S. Wood, D.D.S., F.R.C.D.(C), Vice-President.
 - N. Levine, D.D.S., M.Sc., F.R.C.D.(C), Sec'y-Treasurer.

In addition, Sir John Walsh, of Otago, New Zealand, addressed the business meeting.

- (3) The Secretary-Treasurer reports that the Academy membership consists of 29 qualified paedodontists from five provinces, namely: British Columbia, Alberta, Manitoba, Ontario and Quebec.
- (4) Dr. G. Jinks of Vancouver has organized the Academy's two-day program for the current CDA Convention. The Academy program has been assisted financially by the CSDC. Since this Academy is the body representative of the specialty of paedodontics, it is our responsibility to identify the unique character of paedodontics and to foster the highest professional standards in education and practice. Consequently, the Academy has initiated a study on "The Profile of Paedodontics" and "The Criteria of Graduate Programmes in Paedodontics." This activity is under the direction of Dr. J. Duncan of Toronto.
- (5) The Executive has developed a new Constitution and set of By-laws which have been circulated to the membership 60 days prior to the ensuing business meeting on the 28th of June, 1968. It should be noted that there is a Constitutional relationship between the CSDC and the CAP in that the Academy requires its members to be members of CSDC and in addition the Academy has a representative on the National Executive Council of CSDC. When approved, this Constitution is to be forwarded to the Secretary of the Canadian Dental Association and the Secretary of the National Executive Council of the CSDC.
- (6) The Executive of this Academy has maintained a close liaison with paedodontic members of the Council of the Royal College of Dentists of Canada. This relationship is most important, especially at this time, during the developmental stages of the Royal College.
- (7) The Academy presented a brief to the Task Force appointed to expedite formulation of the CDA's Children's Dental Health Plan. The Academy brief contended that:

- (a) The body formulating such policy should have an active participating member who is qualified in paedodontics.
- (b) A national health plan for children must place heavy emphasis on the best and most modern concepts of prevention. Preliminary draft plans were deficient in this regard.
- (c) A plan that includes lists of “approved services” would be troublesome to administer and does not exhibit sufficient trust in the ability and integrity of the profession.

(8) Resolutions:

- (a) The Academy recommends that the Canadian Dental Association Board of Governors review the purpose of sections and its relationship to them.

The following resolution is proposed as a substitute resolution:

Whereas the Specialists and Specialization Committee has undertaken a study of the purposes of the Sections of the Association, and

Whereas the purpose of the resolution advanced in section 8 (a) of the Report of the Section on Dentistry for Children is already under way,

Therefore be it Resolved that the Board of Governors express the hope that the report bearing on the purposes of Sections be forthcoming at an early date.

ADOPTED

- (b) Since the success of our organized professional activity depends on the best scientific knowledge available, as well as upon political expertise and since the Dental Service's Committee's most urgent concern has been, and will continue to be, dental services for children, this Academy recommends that the Canadian Dental Association's Nominations Committee, where indicated, seek names from the appropriate sections.

The recommendation contained in paragraphs 10 (8) (b) has been noted. The Nominations Committee is already charged with the responsibility of presenting to the Board of Governors a report which shall contain a complete list of names of proposed candidates for all offices, councils and committees, the Nominations Committee excepted, the following substitute resolution is therefore proposed:

Since the success of our organized professional activity depends on the best scientific knowledge available as well as upon political expertise, the Board of Governors recommends that the CDA's Nominations Committee consult with all appropriate dental agencies in the selection of their nominees.

ADOPTED

The inclusion of the report of the Canadian Academy of Paedodontics in the Section's report is evidence of the good relations that exist between the two groups. The Association is indebted to those responsible for this accomplishment.

MEMBERS: *Wesley J. Dunn, Chairman, London; R. V. Blackmore, Edmonton; R. B. DeWare, Moncton; W. C. Deacon, Ottawa; K. J. Paynter, Saskatoon; J. Yergeau, Montreal.*

REPORT

(comment and action in **bold face type**)

1. The annual meeting of the Council on Education was held at headquarters on March 13 and 14, 1968, with all members present. Also in attendance were Deans R. G. Ellis, Toronto; S. W. Leung, Vancouver; J. P. Lussier, Montreal; J. McCutcheon, Montreal; J. D. McLean, Halifax; and J. W. Neilson, Winnipeg. Dr. T. Ginley, Assistant Secretary of the Council on Dental Education of the American Dental Association, and Dr. J. E. Speck, Secretary of the Royal College of Dentists of Canada, were present as representatives of their organizations. In attendance at all sessions were senior members of the Association's executive staff.

2. The following were present during certain portions of the meeting: Dr. D. J. Yeo, Chairman of the Conference on Community and Social Dentistry, Drs. M. J. T. Dohan, J. D. Purves, and H. N. B. Beach, representing the National Dental Examining Board of Canada, Dr. O. J. Yule, Chairman of the CDA's Specialists and Specialization Committee, and Dr. C. H. M. Williams, Council's representative to the National Cancer Institute.

Advanced Study in Clinical Dentistry

3. In 1967 Council agreed to establish a committee to study and make recommendations concerning methods whereby the accreditation of programs of advanced study in clinical dentistry might be undertaken. Dean S. Wah Leung was appointed chairman of the committee and the other two members are Dr. R. V. Blackmore and Dr. J. E. Speck. This report is attached as *Appendix A*. After reviewing the report's recommendations Council adopted the following motions:

- (1) That the Council on Education approve in principle that a system for the accreditation of postgraduate programs which lead to a qualification in an area of specialization recognized by the Canadian Dental Association, be developed.
- (2) That an ad hoc committee be appointed to prepare a document on minimum requirements for approval of postgraduate programs leading to a qualification in an area of specialization recognized by the Canadian Dental Association and that the Chairman be authorized to appoint the committee.
- (3) That Council supports the principle of reciprocity between the Canadian Dental Association and the American Dental Association for the recognition of each other's accredited postgraduate programs in dentistry.
- (4) That Council agrees that a mechanism for accreditation of postgraduate programs which lead to a qualification in an area of specialization recognized by the CDA, should be jointly developed by the

Council, the ACFD and the RCD(C) and that two representatives of each agency be asked to meet to consider how this might be done, and to report back to their various agencies. Council representatives are to be the Chairman and one other appointed by him.

Foreign Dentists

4. Dean Jean-Paul Lussier, as chairman of the ad hoc committee on the world-wide survey of dental schools, presented a report bearing on a resolution adopted at the 1966 meeting of the Board of Governors in which Council was requested to study the feasibility of establishing a facility of re-examining the graduates of unapproved foreign dental schools, rather than the institutions themselves, for the purpose of ascertaining the academic level to which an applicant to a Canadian dental school might aspire. The ad hoc committee, in attempting to discharge the assignment it was given, has undertaken

- (1) to collect data from the dental schools and to assess the degree of experience which has been acquired in connection with the admission of foreign dentists with advanced standing for the last ten or twelve years,
- (2) to review the admission policies applicable in the dental schools, and
- (3) to recommend to Council a procedure equitable to the foreign applicants, to the profession, and to the schools.

5. The committee's report concluded with three recommendations:

- (1) that the ACFD be requested to establish a register of foreign dentists admitted to dental schools and that a follow-up of these candidates be made by this association until their graduation,
- (2) that an exploration be made to ascertain if and when the NDEB could take the responsibility of administering qualifying examinations, and
- (3) that attention be given by the dental schools to the feasibility of establishing programs whereby foreign dentists could complete their training in order to qualify for licensure.

6. Council gave approval to three motions bearing on the report of the ad hoc committee:

- (1) That the National Dental Examining Board of Canada be requested to consider its potential role in examining graduates of foreign dental schools for licensure in Canada.
- (2) That the Bureau of Economic Research be requested to establish a register of foreign dentists admitted to dental schools in Canada and that records of the foreign dentists' achievement and ratings through the undergraduate years be compiled. These latter groups would be for Council's attention only and not for general publication.
- (3) That the ad hoc committee on foreign dentists, under the chairmanship of Dr. Lussier, reconsider its third recommendation and in liaison with ACFD and the Bureau of Economic Research prepare a more compre-

hensive and definitive report on the matter of the dental schools' possible role and responsibility in respect of the preparation of foreign dentists for licensure in Canada.

Dental Hygiene

7. Council received an interim report for information only from the Committee on Dental Hygiene Education. The members of Council were not of one opinion in respect of the need of degree courses for dental hygienists. Council had no strong views either for or against two levels of dental hygiene educational programs. Council was not favourably disposed to the creation of a dental hygiene assistant taken in the context of someone formally trained for such duties.

8. Council considered that "guidelines" for the establishment and operation of dental hygiene schools would make a valuable adjunct to the *Minimum Requirements for the Approval of a School of Dental Hygiene* (1966 *Trans*: 52). The ad hoc committee on dental hygiene was asked to assume responsibility for producing such a set of "guidelines" as a Council document.

Dental Assistants

9. An ad hoc committee to study minimum requirements for dental assistants' courses offered several recommendations based on certain principles which were unacceptable to Council. Accordingly, the following motion was approved:

That Council accepts in principle the recommendation of the CDA Auxiliary Services Committee that Council establish a mechanism for the accreditation of courses in dental assisting and that the ad hoc committee on courses for dental assistants be requested to present a document bearing on

- (1) minimum standards for the approval of courses in dental assisting and
- (2) a document bearing on a mechanism by which the Council could accredit the courses.

Survey of Schools

10. The Committee on the Survey of Schools presented its report for consideration. The following motions were approved and are pleasurably reported:

- (1) That Council having reviewed the report of its survey team which recently visited the Faculty of Dentistry, McGill University, takes pleasure in confirming that the accredited status of the *Faculty of Dentistry, McGill University*, be continued.
- (2) That Council having reviewed the report of its survey team which recently visited the Faculty of Dentistry of l'Université de Montréal takes pleasure in confirming that the accredited status of *la Faculté de Chirurgie Dentaire de l'Université de Montréal*, be continued.
- (3) That Council having reviewed the report of its survey team which recently visited the Faculty of Dentistry of the University of British Columbia take pleasure in confirming that the *Faculty of Dentistry, University of British Columbia*, is an accredited school.

The Board of Governors, in recognizing the constitutional capability of the Council on Education to accredit Canadian dental schools, records its pleasure at the continuing accredited status of the Faculty of Dentistry of McGill University, la Faculté de Chirurgie Dentaire de l'Université de Montréal, and at the accreditation of the Faculty of Dentistry of the University of British Columbia.

Dental Internship

11. The report of the Dental Internship Committee was considered by Council. The Committee recommended the approval of the dental internship offered at *Toronto Western Hospital* and this was ratified by Council contingent upon the approval of the hospital's dental service by the Hospital Services Committee.

It was reported by the Chairman of the Council on Education that since the writing of the report the Hospital Services Committee had approved the dental service at the Toronto Western Hospital. Therefore both the dental service and the dental internship programs at the Toronto Western Hospital are now approved.

Association of Canadian Faculties of Dentistry

12. Dean J. W. Neilson, ACFD president, and Dean J. McCutcheon, immediate past-chairman of Council, prepared resource documents bearing on the past, present, and possible future roles of the two organizations. Council in recognizing the profound importance of reassessing the closely allied roles of the ACFD and the Council adopted the following motions:

- (1) That an ad hoc committee be appointed to study and recommend steps to be taken to ensure liaison and co-operation between the Council on Education and the ACFD, and

That Council invite the ACFD to participate in a four member joint ad hoc committee to study and recommend on the relationship of the Council to the ACFD and vice versa, and

That Dr. J. McCutcheon be one representative of Council and that the Chairman be authorized to appoint the other Council representative to this ad hoc committee, and

That Council assume the initiative in calling the meeting and that the ad hoc committee be requested to select its own chairman.

- (2) That the ACFD be invited to appoint a non-voting representative to the Council on Education and that the Secretary initiate steps to have this representation formally recognized in the Constitution and By-laws of the CDA.

National Dental Examining Board of Canada

13. Deans S. Wah Leung and J. D. McLean, Council representatives to the NDEB, presented a report for Council's consideration. It was reported that at the end of June, 1967, there were approximately 1,535 holders of the NDEB certificates, a figure roughly equivalent to one out of four registered dentists in Canada.

14. Dr. M. J. T. Dohan, NDEB president, Dr. J. D. Purves, a member of its Executive and Dr. H. N. B. Beach, NDEB registrar-secretary, met with Council essentially to consider one of the recommendations of the report prepared by President Taylor of the University of Victoria acting in his capacity as a commissioner appointed by the NDEB to investigate, study, and report on the feasibility of a system of conjoint or coincidental final examinations between the National Dental Examining Board of Canada, the provincial dental licensing agencies, and the various dental schools approved by the CDA. Recommendation number one of the Taylor Report is as follows:

That the National Dental Examining Board of Canada as the agent of the provincial dental regulatory bodies assume responsibility for accreditation of dental schools and that this cease to be a responsibility of the Canadian Dental Association.

15. In discussion, Council agreed that both the NDEB and the Association of Canadian Faculties of Dentistry might contribute to the facility for accrediting schools. The following motion was adopted:

That Council agrees that a mechanism for accreditation of dental schools should be jointly developed by the Council, the NDEB and the ACFD and that representatives of each agency be asked to meet to consider how this might be done, and to report back to their various agencies. Council representatives are to be the Chairman and one other appointed by him.

16. Dr. S. Wah Leung was reappointed as a Council representative to the NDEB for a further term of three years such term concluding with the Annual Meeting of the NDEB in 1970.

Dental Aptitude Test Committee

17. An extensive report was received from the Dental Aptitude Test Committee again giving evidence of significant development within this important area of Association activity. Progress is being made in the development of the French test, the psychomotor capacity is now being measured by a Canadian committee and hope has been expressed that a validation study will be undertaken after the test has been in operation approximately five years. Some 818 candidates were examined in the combined January, 1967, and April, 1967, test sessions. As a result, 2,775 reports were sent to dental schools. In January, 1968, 622 candidates were examined and 2,293 reports were forwarded to the schools. 75.4 per cent of all first year admissions to Canadian dental schools in 1967 were applicants who had participated in the DAT program. This is excellent progress.

18. The Dental Aptitude Test Committee has been assigned the responsibility of advising the Bureau of Economic Research in respect of the *Dental Students' Register* and *Applicants and Applications*. The committee attempted clarification of various categories of applicants to dental schools and following discussion Council gave approval to five categories of applicants. This action will significantly assist the schools in reporting information and will enhance the validity of statistical report which ensues.

National Recruitment Committee

19. Council expressed gratification for the action of the Executive Council as evidenced in the following action taken at the Executive Council meeting in February, 1968:

That on a trial basis of one year the administrator of the Aptitude Test Program be asked to also work with the National Recruitment Committee as the latter's staff administrator and that the Council on Education be notified to this effect.

20. As a result of the acquisition of a staff administrator Council adopted the following motion:

That a National Recruitment Committee be re-established as a committee of Council and that Dr. J. C. Duncan, Chairman, and Dr. B. M. Twible and Dr. R. L. Moran be appointed to this committee for the following terms:

Dr. Duncan — 1 term of 3 years

Dr. Twible — 2 years

Dr. Moran — 1 year

These appointees are each eligible for reappointment for a second term of three years.

21. The National Recruitment Committee has been requested to assume responsibility for the Youth Science Foundation activities on behalf of the Canadian Dental Association.

War Memorial Awards Committee

22. The report submitted by the War Memorial Awards Committee included four recommendations which were recommitted for further study and later submission:

- (1) Abolish the "set" title or topic for the competition and allow any subject having even the most remote connection with dentistry to be eligible, the title to be the student's own choice.
- (2) Remove the limitation of final year student entry to the competition.
- (3) Retain the rules regarding the length and format of the essay.
- (4) Consider the possibility of enlarging the annual awards.

23. On the recommendation of the War Memorial Awards Committee, Council selected the essays submitted by the following students as the winners of the 1967-1968 contest:

1st — Dr. E. B. Silver, Université de Montréal.

2nd — Dr. R. J. Dmytruk, University of Alberta.

24. The committee, in the name of the Council, was authorized to provide and approve the essay title for the essay competition for the year 1969-70.

25. Dr. R. V. Blackmore was reappointed Chairman of the War Memorial Awards Committee for 1968-1969.

Conference on Community and Social Dentistry

26. A Conference on Community and Social Dentistry, under the chairmanship of Dr. D. J. Yeo of the Faculty of Dentistry of the University of British Columbia, was held at headquarters on March 11 and 12, 1968. Council, in receiving the report of the Conference, extended its congratulations and appreciation to Dr. D. J. Yeo for his efforts in organizing and conducting the conference. The report of the conference is attached as *Appendix B*.

Teaching Conference for 1969

27. Council selected the topic, "The Role of Hospitals in Dental Education" for the 1969 Teaching Conference and appointed Dr. A. G. Parnell, Chairman of the Department of Oral Surgery of the Faculty of Dentistry of The University of Western Ontario, as the co-ordinator and chairman of the 1969 Teaching Conference.

Canadian Fund for Dental Education

28. Council was grateful to receive a verbal report on the progress and activities of the Canadian Fund for Dental Education from Dean J. D. McLean, its president and from Mr. Murray McDonald, the executive director. Contributions have significantly increased. Appreciation was expressed by the representatives of the schools for moneys that have been received from CFDE and the hope conveyed that this type of assistance to dental education may be continued.

National Cancer Institute

29. Council was privileged to consider an informative report from Dr. C. H. M. Williams, Council's representative to the National Cancer Institute of Canada. Council agreed in principle with the following recommendation and in presenting it to the Board of Governors emphasizes the role identified for each of the corporate members:

"It is recommended that an authority on oral cytology smears visit the provinces of Quebec, New Brunswick, Nova Scotia, Newfoundland and Prince Edward Island to stimulate establishment of studies and services concerning early detection of cancer of the mouth by use of the cytological smear. The corporate body of the dental profession in each province should appoint representatives who will be responsible for:

"(a) Organizing a meeting where the speaker could describe the desirability and method of initiating and conducting a study and service.

"(b) Continuing the promotion of the program.

"It is probable that financial support for such a trip as is described above could be secured from the National Cancer Institute of Canada. An application for such a grant will be made by your representative."

30. Council, in giving approval to the following recommendation, has directed

that it be forwarded to the Canadian dental schools with an appropriate covering letter:

“It is recommended that a program of teaching concerning the use of cytological smears for early detection of cancer of the mouth be an integral part of the curriculum of every school of dentistry in Canada. It is suggested that the subject be presented in lectures and at least one demonstration and that the students be encouraged to employ the smear technique where indicated during the clinical practice period of their training. The movie film ‘Oral Exfoliative Cytology’ is available on free loan from the CDA. The three copies of the above-named film which were originally purchased have received so much use that there is now only one copy in good condition. It is recommended that at least one additional copy of this film be purchased.”

National Science Library

31. Council after reviewing extensive correspondence between the Association and the National Science Library concluded that there did not appear, as yet, any enthusiasm on the part of the Secretariat of the National Science Library for dental representation. The following motion was adopted:

That the Chairman, in liaison with ACFD, continue his efforts to gain representation to the Bibliographical Centre for Medical and Health Sciences of the National Science Library.

Consultant in Education

32. Council in recognizing the outstanding contributions to Canadian dental education of Dr. A. C. Lewis, Consulnt in Education, adopted the following resolution which was subsequently transmitted to Dr. Lewis:

Whereas for many years the Council on Education and the Canadian Dental Association have enjoyed and greatly benefited from the services of Dr. A. Clifford Lewis as Consultant in Education, and

Whereas in recognition of Dr. Lewis’ outstanding contributions to Canadian dentistry, the Association has conferred on him its highest honour, that of Honorary Membership in the Canadian Dental Association, and

Whereas the Council on Education is, regretfully, not now in a position to continue the office of Consultant in Education,

Therefore be it Resolved

That the Council on Education wishes to record its deep and sincere appreciation of the services which Dr. Lewis has so competently and conscientiously rendered and extends to him its warmest good wishes for many years of continuing good health and happiness.

Council Membership

33. It has been traditional that the report of the Council on Education is a compilation of the actions taken or recommended at the annual meeting of Council. The report, to this point, follows that tradition. The chairman, in arrogating this final section to himself, recognizes that he is departing, more than

significantly, from the established pattern. He feels, however, that there is reasonable justification for this action.

34. The time has come for a reassessment of the role of Council and for a consideration of the membership of Council. There are, today, several agencies with a participating interest in and concern for dental education and/or the products of the dental educational process — the Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada, and the Royal College of Dentists of Canada to say nothing of the provincial licensing and certifying authorities. It should be obvious that none of these groups can, today, function in isolation. The programs, policies, and activities of any one can have an effect for good or ill on those of any or all of the others. This Council report has identified two major areas of interest wherein it has been proposed that joint committees be established to consider matters of overlapping concern. Unless there is some change in the constitution of Council there will be an ever-increasing need for the establishment of ad hoc arrangements to include representation from all groups with a participating interest in dental education.

35. The chairman proposes to develop a report for Council consideration which, if Council concurs in the recommendations, will be referred to the Board of Governors and from there, hopefully, to the Council on Constitution and By-laws for whatever constitutional or by-law amendments are required to effect the approved proposals.

Resolutions

36. This report is informational and no specific resolutions are directed to the Board of Governors.

The report of the Council on Education has been reviewed. The chairman and the members of the Council are to be congratulated on the thoroughness and effectiveness of this work during the past year.

Appendix A

REPORT OF THE COMMITTEE ON ADVANCED STUDY IN CLINICAL DENTISTRY

1. The committee appointed by the Council on Education of the Canadian Dental Association "to study and make recommendations whereby accreditation of programs of advanced study in clinical dentistry might be undertaken" has reviewed relevant documents obtained from the American Dental Association on its program of accreditation of postgraduate programs in dentistry, including its statement on "requirements for the approval of postgraduate programs in dentistry."

2. In addition, the committee conducted a questionnaire survey of the availability of advanced educational programs of at least one academic year in length

in clinical dentistry in Canadian dental schools. Replies were received from all eight schools now in operation, and the committee would like to take this opportunity to formally express its appreciation to the deans of these schools for their co-operation.

3. Briefly, four schools currently offer a total of 11 advanced courses in clinical dentistry, with a total enrolment in 1967-68 of at least 57 students. This number of students is probably smaller than the actual enrolment, since one school did not supply information to this question. These courses vary in length from 10 months (for a diploma in Dental Public Health) to 36 months (for a diploma in Oral Surgery and Anesthesia). Most of the programs are from 22 to 24 months in length.

4. Orthodontics is the most popular program, being offered by three of the four schools, and has a total enrolment in 1967-68 of 31 students. Periodontics and Pedontics are each offered by two schools. There is one program available in each of Oral Surgery and Anesthesia, Prosthodontics, and Dental Public Health.

5. Of the four schools which do not now offer advanced clinical dentistry programs, none has firm plans to begin such programs within the next two or three years, although one school stated that it is possible some program may start during this period.

6. It is obvious from the above survey that the variety of programs now available in the different schools warrants serious consideration of the question of the desirability of establishing a uniform minimum academic standard for these programs, and of instituting a method for the accreditation of such programs. It is of interest that, in reply to a question in our questionnaire of whether they favour a system of national accreditation of advanced educational programs in clinical dentistry, all the deans except one answered in the affirmative. The one exception did not reply to this question.

7. The opinion of the senior academic dental administrators that accreditation is desirable is concurred in by this committee. The committee submits the following recommendations for consideration by Council. It is to be emphasized, however, that these recommendations refer primarily to non-degree postgraduate programs in clinical dentistry of at least one academic year in duration. Excluded are graduate programs leading to the M.S. or Ph.D. degrees which do not qualify the candidate for specialist's certification and continuing education or refresher courses of short duration. The former are usually offered under the authority of the graduate division of the university and are, therefore, outside the area of responsibility of this Council. The nature of the latter courses, in our opinion, is such that accreditation is unnecessary, at least at this time.

Recommendations

8. (1) That the Council on Education of the Canadian Dental Association

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approve in principle that a system for the accreditation of postgraduate programs which lead to a qualification in an area of specialization recognized by the Canadian Dental Association, be developed.

- (2) That Council, or its designated representatives, consult with representatives of the Committee on Specialists and Specialization, and representatives of appropriate Sections of the Canadian Dental Association, for the purpose of determining for each area of specialty practice now recognized by the Canadian Dental Association, desirable minimum academic requirements to qualify for such specialty practice.
- (3) That Council, on the basis of the information obtained under recommendation 2, develop minimum requirements for the accreditation of postgraduate programs in clinical dentistry.
- (4) That responsibility for assessing postgraduate programs for accreditation be assigned to the subcommittee on the Survey of Dental Schools.
- (5) That Council recognize in principle the desirability of reciprocity between the Canadian Dental Association and the American Dental Association for the recognition of each other's accredited postgraduate programs in clinical dentistry.
- (6) That, inasmuch as the Royal College of Dentists of Canada has an obvious interest in the standards and qualifications for specialty practice, Council seek the establishment of a close liaison with the Royal College in the matter of accreditation of the programs described above.

Respectfully submitted,

Robert V. Blackmore

John E. Speck

S. Wah Leung, *Chairman*

Appendix B

REPORT — CONFERENCE ON COMMUNITY AND SOCIAL DENTISTRY

1. The Conference on Community and Social Dentistry was held at CDA headquarters March 11 and 12, 1968.

Delegates: D. J. Yeo, Chairman, UBC
 E. R. Ambrose, McGill
 J. G. Blackmer, Dalhousie
 Wesley J. Dunn, Western Ontario
 H. A. Grimsrud, Manitoba
 A. Murray Hunt, Toronto
 D. W. Lewis, Toronto
 B. Martinello, Alberta
 C. W. B. MacPhail, Saskatchewan
 Paul Simard, Montreal

Keynote Speaker:	W. J. Pelton, Chairman, Department of Community Dentistry, School of Dentistry, University of Alabama
Other Participants:	J. McCutcheon, McGill Roy G. Ellis, Toronto

2. During preliminary planning it was decided to focus discussion on the aspect of undergraduate dental education in this particular area and to use the workshop method. Consequently the delegates were divided into three groups and assigned subject areas for discussion as follows:

- (1) Dental Public Health
- (2) Practice Management
- (3) Fluoridation
- (4) Professional Development
 - (a) History
 - (b) Organized dentistry
 - (c) Evaluation of literature
 - (d) Scientific writing
 - (e) Oral communication
- (5) Ethics
- (6) Society and the Provision of Dental Care
- (7) Preventive Dentistry
- (8) Dental Health Education
- (9) Payment for dental care (dental economics)

3. It was felt that these topics all fell into the area of Community and Social Dentistry and members of each group were invited to add topics which they felt should have been included. In each one of these subject areas the group was charged with the responsibility of:

- (1) Determining objectives
- (2) Outlining course structure or content to achieve these objectives
- (3) Suggesting practical, clinical or field training which would give added meaning to the course material.

Dental Public Health

4. (1) (a) To make student aware of the responsibility of the dental profession to the public at large
- (b) To arouse an awareness of the ultimate objectives of dental public health, i.e. optimum dental health for the public as a whole

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- (2) (a) Orientation to general public health
 - i. Definition
 - ii. History
 - iii. Necessity of public health
 - iv. Trends in modern public health practice
 - v. Organizational structure of public health services in Canada and own province
 - vi. Place of dentistry in public health organization
- (b) Orientation to dental public health
 - i. Definition
 - ii. Responsibility to community
 - iii. Epidemiology of dental diseases including statistics and the conduct of community surveys
 - iv. Applied aspects of preventive dentistry—on a community basis
 - v. Research into the community application of primary preventive procedures in dentistry
 - vi. How is the present day dental problem being met?
 - manpower
 - manpower distribution
 - modes of dental practice
 - use of auxiliaries in dental public health
 - vii. Specialized programs — school dental programs, chronically ill, homebound, etc.
- (3) (a) Adequate faculty staffing
- (b) Student exposure to specialized groups of patients — mentally disturbed, geriatric, underprivileged
- (c) Student exposure to general health unit staff — personnel and programs
- (d) Student exposure to dental members of the public health team
- (e) Student exposure to the community by dental and general surveys with subsequent assessment of the dental health problems and resources within communities
- (f) Summer topical fluoride programs
- (g) Exposure to water treatment plants and equipment used for controlled fluoridation
- (h) Participation in specialized programs — school programs, mobile clinics, etc.
- (i) Simulated experiences — filmed and taped
- (j) Involvement in setting up pilot programs of prepayment and post-payment plans for groups
- (k) Clinical research in primary preventive procedures

Practice Management

- 5. (1) To set forth the fundamental considerations related to professional and efficient dental care for a maximum number of patients, having due

regard for the individual dentist and patients concerned.

- (2) (a) Establish criteria by which success or failure in a dental practice can be measured
 - (b) Dental office procedures such as:
 - i. Records, recall systems, referrals
 - ii. Patient education and management
 - iii. Establishing an ethical dental practice
 - iv. Evaluation of dental equipment
 - v. Commercial laboratories
 - vi. Dental supply companies
 - vii. Practical legal accounting procedures
 - (c) The psychology of dentist-patient relationships
 - (d) The efficient physical organization of a dental office
 - i. Time-motion studies
 - ii. Use of auxiliary personnel
 - iii. Functional office design
 - (e) Insurance and investments
 - (f) Participation on a regular basis in continuing dental education
- (3) (a) Visits to selected dental offices
 - (b) Taping students' case presentations and evaluation of them
 - (c) Clinical participation in an auxiliary utilization program

Fluoridation

6. It was felt that this subject area should be included in the dental public health material. The student should be provided with historical background information and the present status of water fluoridation so that he will be in a position to discuss intelligently when called upon in his own community.

Professional Development

- 7. (1) It is important that efforts be expended to inculcate dental students with the fact that they are not only members of a health profession but also a part of society and accordingly, have obligations and responsibilities in respect of it. A department of community and social dentistry should attempt through its professional development program to assure that dental graduates are "socially sensitive."
- (2) (a) *History.* Abraham Lincoln has been quoted as saying "if we know where we are and whither we are tending we can best judge what to do and how to do it." We can best understand where we are if we understand from whence we came. History of Dentistry provides an understanding of the trials and tribulations experienced by the profession in its progressive advancement to its present position of respect and regard. An understanding and appreciation of the contributions of those who shaped dentistry's destiny serves to identify the responsibility of each member of the profession to con-

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tribute to dentistry's further development.

- (b) *Organized Dentistry*. This subject should normally be covered in History, Ethics and Jurisprudence. The student should be introduced to purposes and functions of the legal and voluntary agencies of the profession, the administrative structure of organized dentistry and they should be motivated to become active participants in organized dentistry after graduation.
- (c) *Evaluation of Literature*
 - i. Much of this requirement should normally accrue from the programs of all departments of the dental school as they introduce the student to the literature of their disciplines.
 - ii. Students should be taught the fundamentals of statistics to encourage discrimination and disciplined thinking and to appreciate the validity of data on which articles are based.
 - iii. Orientation of freshman students to the more specialized dental or health science library.
- (d) *Scientific Writing*. To help the student achieve some skills and abilities in preparation of articles for the scientific literature. Form, content, English usage (or French, as the case may be) and proper use of references with opportunities to put this knowledge into practice being provided.
- (e) *Oral Communication*. The professional man has a responsibility to be reasonably competent in oral communication.
 - i. In communicating to the individual parent or patient — much of this experience will accrue through the clinical program. Patient interviews should be taped to permit a critical review of the discussion.
 - ii. In communicating to groups the student should receive an organized course in public speaking with practice sessions in class and the opportunity to give talks to classes in public schools where teachers are available to offer constructive criticism of the presentations.

Ethics and Jurisprudence

8. *Ethics*

- (1) To develop in students concepts of ethical behaviour. As ethics is concerned with the social customs and behaviour patterns of individuals and groups insofar as such conduct is related to the moral standards of the group or society this subject is considered to be of extreme importance. Because of the fiduciary relationship which the dentist occupies in respect of his patient there is a strong requirement for high standards of ethical conduct.
- (2)
 - (a) Introduction to ethics
 - (b) Dentist's obligations to his patients, his profession, his confreres and the public
 - (c) The Code of Ethics and its relationship to the Dentistry Act

- (3) (a) Case presentations of past violations
- (b) Attitude and conduct of the entire faculty and staff—each teacher to whom the student is exposed should manifest the professional attributes which this course in dentistry attempts to inculcate.

Jurisprudence

- (1) To assist the student in understanding the laws which govern the profession and which have an influence on his future practice.
- (2) (a) Dentist's legal obligations and responsibilities to his patients as well as his rights
- (b) Professional legislation and the law pertaining to dentistry
- (c) Negligence and malpractice — how to avoid litigation
- (d) Leases, contracts and other legal documents
- (e) Forensic dentistry
- (f) Legal position of the dentist when providing emergency, life saving measures

Society and the Provision of Dental Care

- 9. (1) (a) To provide students with factual information concerning social changes and the present demands of society concerning the provision of dental services
- (b) To motivate students to accept the principle that people with superior education and training should not be engaged in rendering services which can be delegated with confidence to persons of lesser education and training
- (c) To motivate students to provide the maximum of a high quality of dental care at a cost which is fair to the one who receives the service and the one who provides it
- (2) (a) Treatment needs, demands and manpower resources
- (b) Training in use of dental auxiliaries
- (c) Factual information concerning existing situations—national medicare, national health service in Great Britain, recommendations of Hall Report, children's dental plan of the CDA and ADA

Preventive Dentistry

- 10. (1) To motivate the dental student and provide him with the necessary knowledge, skills, techniques and experience to effectively practice preventive dentistry for his patients and his community — to promote the concept of preventive dentistry as a philosophy of dental practice.
- (2) (a) Background in psychology, principles and techniques of education as well as public speaking
- (b) Ensure that all departments teach the preventive aspects of their own particular branch of dentistry

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- (c) Knowledge of dental diseases and the effective preventive and treatment measures for private practice and community use:
 - i. Nutrition and dietary counselling and prescription
 - ii. Oral hygiene
 - iii. Preventive aspects of treatment measures
 - iv. Epidemiological and statistical principles and the community
 - v. Treatment and preventive resources available to the dentist
 - vi. Influence of social factors on the provision of preventive services
 - vii. Effective use of auxiliary personnel in promoting and providing preventive services
- (3) (a) Lectures and seminars incorporating one's own experiences
- (b) Audio-visual aids
- (c) Student participation in classroom — simulation or actual experiences — demographic and epidemiological studies, visits to existing preventive programs, selected private offices, laboratory studies

Dental Health Education

- 11. (1) To motivate the new graduate to use all resources and means at his disposal within his office and community to promote dental health education.
- (2) (a) Principles of education
- (b) Whom to educate
- (c) What to tell them
- (d) Why the need for dental health education
- (e) How to effectively educate patients and community groups
- (f) Where and when to institute dental health education programs
- (3) (a) Clinical demonstrations
- (b) Evaluating patient's response — caries activity tests, disclosing solutions
- (c) Assignments in preparation of educational materials
- (d) Participating in classroom talks
- (e) Participating in radio and television programs — real or simulated
- (f) Taping interviews with parents for subsequent appraisal

Prepayment for Dental Care (Dental Economics)

- 12. (1) To educate dental students concerning all measures which will help and encourage every economic level of society to receive regular dental care. Undergraduate students should be made aware of all welfare and special group dental services provided by various levels of government and should be stimulated to encourage, through official dental organizations or other agencies, needed dental services for welfare and other groups when such services are absent or inadequate.

- (2) (a) The three types of payment for dental care — fee for service, post-payment and prepayment plans
- (b) The organization and administration of prepayment plans—dental service corporations, private insurance carriers, non-profit health insurers, and closed panel group practice, along with the professional acceptability of these mechanisms
- (c) Trends in methods of payment for health services using medical care as an example and pointing out differences between medical and dental insurance coverage
- (d) Local, provincial and federal legislation concerning payment for dental services to welfare and other groups
- (e) Policy of organized dentistry with respect to payment plans, e.g. Policy Statement on Prepayment Plans
- (f) Incremental care methods — economic and manpower advantages
- (g) National dental schemes — Great Britain
- (3) (a) Implement a dental service corporation for services to undergraduate students
- (b) Seminars with local welfare administrators, dental plan administrators, etc.
- (c) Give student responsibility for complete care of a number of families. Student would be required to gather relevant socio-economic variables for the families, do a budget for each family and apply the accepted dental fee schedule to the preventive and clinical treatment he has provided
- (d) Economic and demographic survey of the community in which student expects to practice
- (e) Review of literature on the economic influence of fluoridation on dental care costs

Other Areas Added by Group Discussion

13. *Elementary Statistics*

- (1) To provide dental students with a basic understanding of the fundamentals, functions and limitations of statistical methods and a working knowledge of the scientific method.
- (2) (a) Sampling and the variability of observations
- (b) Chance, probability and types of distribution
- (c) Measure of central tendency
- (d) Measures of spread and confidence intervals
- (e) Proportions, rates and ratios
- (f) Significance tests
- (g) Correlation and causation
- (h) Experiment design and reporting results
- (3) (a) Classroom problems in epidemiology

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- (b) Evaluation of literature
- (c) Scientific writing
- (d) Community surveys
- (e) Division of Vital Statistics

Civil Defence

- (1) To prepare the practising dentist to be in a knowledgeable position to participate actively and effectively in emergency and disaster situations.
- (2)
 - (a) St. Johns' Ambulance course in First Aid
 - (b) Selected material from Civil Defence authorities
 - (c) Legal aspects of dentists providing emergency care
- (3)
 - (a) Simulated emergency situations
 - (b) Visits to casualty care centres during civil defence practice drills

14. It was the initial hope of our Conference delegates to establish a detailed blueprint for teaching Community and Social Dentistry in all of our dental schools. Time did not permit us to work out the details but we did establish many principles and exchanged a considerable amount of useful information. I apologize for the length of this report but feel it will be extremely useful to those members of our Canadian faculties who are responsible for teaching these aspects of Community and Social Dentistry.

15. On behalf of all the delegates, I would like to extend our thanks to the Council on Education and through it to the Canadian Dental Association for supporting this Conference and making it possible for us to attend. Our thanks also to Dr. W. J. Pelton for his stimulating keynote address.

D. J. Yeo, *Chairman*

EXECUTIVE: *C. Ames, President, Vancouver; A. H. Thomson, President-elect, Toronto; L. J. Rosen, Secretary-Treasurer, Montreal.*

REPORT

(comment and action in **bold face type**)

1. The Canadian Academy of Endodontics held its annual meeting at the Royal York Hotel, Toronto, on May 15 and 16, 1967, in association with the Centennial meeting of the CDA and ODA.
2. Plans were formulated for an Academy sponsored national lecture to endodontic study clubs across Canada.
3.
 - (1) Reports were received from Chairmen of Committees: I. Wolch, J. H. Merrell, and Norman Vickers.
 - (2) The Chairman of the Membership Committee, Dr. L. J. Rosen, reported that 19 new associate members were accepted. This brings our total membership to 74: 25 active and 49 associate members.
 - (3) The next annual meeting will take place in Vancouver, B.C., June 25 and 26, 1968.
4. Since the Toronto meeting, the Academy has undertaken the following:
 - (1) Dr. Norman Vickers, representative to the CDA's Specialists and Specialization Committee, reported great progress by the Committee to the November Executive Committee meeting of the CAE.
 - (2) Dr. Jerry Smith accepted the chairmanship of a new committee to deal with a dental care program for children.
 - (3) Dr. Bruce Burns has been very active with liaison with the American Association of Endodontists. He will also undertake the task of keeping various organizations informed of the Academy's activities.
5. Very little progress has been made with the provincial licensing boards to gain their recognition of Endodontics as a special area of dental practice and endodontists as specialists. We still feel that the Canadian Dental Association, through its Executive Council, should reconsider their stand and express some official opinion regarding this matter.

The Board repeats its comment made in reference to the 1967 Endodontic report, namely "that the CDA has never attempted to direct the actions of provincial licensing Boards, nor should it do so . . ."

Resolutions

6. No specific resolutions are presented.

MEMBERS: *L. I. Duffy, Chairman, Charlottetown; E. F. Dexter, Halifax; J. M. Darcy, St. John's; R. LeBlanc, Montreal; W. K. Martin, Regina.*

REPORT

(comment and action in **bold face type**)

1. The Council on Ethics has had no representations made to it with regard to violations of the Code of Ethics during the past year.
2. The Council on Ethics has had no requests for rulings on any issue of great importance, but there have been requests for opinions from Alberta on a number of subjects.
 - (1) "Is it ethical for a dentist who has a dental hygienist working for him to have the hygienist's name placed on the door beneath the dentist's name?"
Council was polled and agreed (except one) that it is not ethical.
 - (2) "May a dentist in any way make public the fact that he has a dental hygienist working in his office?"
Council was split on this subject, the majority voting unethical.
 - (3) "It is ethical for a dentist or dentists to sell their accounts to a third party (not send out for collection)?"
Council members were all in agreement that this practice is unethical.
3. Council does not anticipate any expenses during the coming year and, therefore, no budget is presented.

Resolutions

4. No resolutions are submitted.

The Committee is commended for its work throughout the year.

MEMBERS: *W. P. Munsie, Chairman, Vancouver; J. P. Coupland, Ottawa; H. Brouillet, Montreal; H. R. MacLean, Edmonton; W. J. Spence, Toronto; W. G. Bruce, Kincardine; A. L. MacIsaac, Charlottetown.*

REPORT

(comment and action in **bold face type**)

1. Council held its regular meetings during the year immediately following the Board meetings at Toronto, in February, 1968, at headquarters and just prior to this Board meeting.

Annual Meetings

2. 1967

Dr. R. G. Ellis, Chairman, and the members of his 1967 convention committee were congratulated and thanked for the exceptional centennial convention they planned and directed so successfully in Toronto. Dr. Ellis' concluding report has been forwarded to the convention subcommittee for their guidance. CDA has received a cheque for \$2,215 as its share of the convention surplus.

3. 1968

- (1) Dr. J. G. Ryan forwarded a report to the Council in February regarding the 1968 convention which follows this Board meeting. It is gratifying to note that there is excellent integration of the Sections and general program.
- (2) The CDA presentation will be a discussion of the Canadian Dental Association children's dental health plan which emanates from this meeting. The nucleus of the Task Force which prepared the children's dental health plan will act as a panel to which members of the Association may direct questions in order that they may more fully acquaint themselves with the details of the children's dental health plan. The nucleus of the Task Force has as its members Dr. William J. Spence, Dr. Henri Brouillet and Dr. W. P. Munsie, Chairman.
- (3) Council approved the agenda and appointed reference committees for this Board meeting.

4. 1969

The revised dates of the CDA Annual Meeting and convention to be held in Montreal in 1969 were approved as follows: the Annual Meeting to be held on July 7th, 8th and 9th, and the convention to be held on July 9th, 10th and 11th.

5. 1970

Dr. J. P. Beattie of Winnipeg was confirmed as the 1970 General Convention Chairman.

6. 1971

- (1) The revised dates of September 27th to October 2nd were approved for the Board of Governors meeting and the annual convention to be held in Windsor, Ontario, in 1971.
- (2) Dr. Ted Wachna was confirmed as the General Chairman for the 1971 CDA convention in Windsor, Ontario.

7. 1972 and 1973

In view of the necessity for long-range planning for future CDA conventions, the Conventions Subcommittee has been requested to propose suitable sites for the 1972 and 1973 conventions.

Honorary Membership

8. Council unanimously endorsed the nomination of Dr. Harold Cline of Vancouver for Honorary Membership in the Association and takes pleasure in placing his name before the Board of Governors as this year's nominee for this high honour. (See resolution paragraph 61.)

Conventions Subcommittee

9. (1) Council approved the following resolutions:
That the Conventions Subcommittee be reconstituted as a subcommittee of three appointed by the Executive Council and that in the first instance, each of the three members be appointed for one term of three years; one member eligible for reappointment for one additional year, the second eligible for reappointment for two additional years and the third eligible for reappointment for a second full term of three years; and, that thereafter, appointments be for a term of three years with a maximum of two terms; and, that the committee's terms of reference be:
 'To recommend policies and develop guidelines for all aspects of CDA Annual Meetings including the Board of Governors meeting and the scientific and social sessions which follow.'
That the Conventions Subcommittee assume responsibility for making recommendations to the Executive Council on the choice of CDA convention sites and dates at least five years in advance.
That the Conventions Subcommittee consist of Dr. J. D. Purves, three years plus one, Chairman; Dr. W. J. Spence, three years plus two; and Dr. M. Cornish, three years plus three.
- (2) As a result of a directive of Council in 1967 the former convention subcommittee convened a meeting with representatives of the Sections and the Specialists and Specialization Committee. A report on this meeting appears in *Appendix A*. It has been referred to the reconstituted Conventions Subcommittee for further study and action.
- (3) The subject of golf tournaments was also referred to the Conventions Subcommittee for further consideration.

The Canadian Dental Association Dental Health Plan for Children

10. Due to the comprehensive nature of this project, together with the importance which the Board has placed on this endeavour, the report appears as a separate section and not as part of the Executive Council report.

Royal College of Dentists of Canada

11. (1) Council noted with satisfaction that progress has been made in efforts toward interlocking representation between the Royal College and the CDA Specialists and Specialization Committee.
- (2) The Secretary was directed to extend an invitation to the RCD(C) to present an informative statement to the CDA Board of Governors on Tuesday afternoon, June 25th, 1968.

The following resolution was presented on motion from the floor:

Whereas the Board of Governors of the CDA recognize the contribution of the officers of the RCD(C), and

Whereas there is great concern by the Board of Governors of the CDA regarding the problems of the RCD(C), and

Whereas the RCD(C) has been under much criticism, and

Whereas there is a desire by the Board of Governors of the CDA for a strong, vital RCD(C), therefore

Be it Resolved that the President of the CDA, Dr. W. P. Munsie, and the President of the RCD(C), Dr. C. H. M. Williams, confer with respect to solutions to the current problems of the RCD(C).

ADOPTED

Student Membership

12. (1) As directed by the Board of Governors, a CDA student membership became effective January 1, 1968. Individual members of the Board of Governors in cities with dental schools were contacted by letter and asked to assist the deans and the dental students' organizations in introducing the program. The co-operation of each dean was also solicited by letter.
- (2) A pamphlet, describing the CDA student membership plan, as approved by Council, was printed in English and French and distributed to all undergraduate and graduate students in Canada. Appreciation is expressed to Dr. H. Brouillet for providing the French translation.
- (3) The Ontario Dental Association has indicated interest in establishing an ODA student membership and plans to make it effective in the fall of 1968. Preliminary discussions have occurred between ODA and CDA representatives with respect to offering a joint membership to the students. While the details have not been worked out this seems the more logical approach than two separate memberships.
- (4) As of May 1st, 1968, 292 students have applied for membership. The

response to date has been gratifying. The additional load on the book-keeping and records departments is already significant.

Ad hoc Committee on Auxiliary Services

13. The Minister of National Health and Welfare, the Honourable Allan MacEachen, appointed Chief Justice Dalton Wells as Chairman of this committee. CDA was invited to nominate four practising dentists and submitted the following names. The full membership of the committee had not been officially announced when this report was in preparation.

Representing general practice:

Dr. J. F. Reid, North Vancouver, B.C.
Dr. M. A. Kamienski, Scarborough, Ontario
Dr. J. G. Belanger, Montreal, Quebec
Dr. C. E. Dexter, Halifax, Nova Scotia

Association of Canadian Faculties of Dentistry

14. The first meeting of the House of Delegates of the newly-formed Association of Canadian Faculties of Dentistry was held on September 22nd and 23rd, 1967, in Ottawa. At the invitation of the Association of Canadian Faculties of Dentistry, Dr. William Spence and Dr. James Coupland sat through this initial meeting as representatives of the CDA and they reported favourably on this first meeting. By mail vote on November 27th, 1967, Council approved unanimously that a grant of \$1,000 be paid by CDA to the Association of Canadian Faculties of Dentistry to assist the latter Association during their early formative period.

Advisory Committee on Commercial Insurance

15. (1) Dr. P. S. Christie, Chairman of the Insurance Committee, presented his report and each section received extended discussion and careful consideration.
- (2) Dr. Christie's report appears as *Appendix B*.
- (3) Council approved a motion directing the Insurance Advisory Committee to attempt to develop ways and means of having all insurance matters under one administrative body and, if necessary to effect this, suggest amendments to the CDA set of insurance principles.

World Health Organization

16. This being the 20th Anniversary of the establishment of the World Health Organization, the following anniversary message was forwarded to the WHO:

"The President, officers, and members of the Canadian Dental Association, wish to convey to WHO, on the occasion of its twentieth anniversary, hearty congratulations for the significant contributions the Organization has made to world health and best wishes for an increasingly successful future. The Canadian Dental Association is particularly aware of WHO's efforts in focusing attention on the integral nature of dental health to general health and also its projects aimed at improving the dental health of people around

the world. These, along with many other contributions to world health, are highly commended.”

National Recruitment Committee

17. The Recruitment Committee, formerly a subcommittee of the Council on Education, has been relatively inactive for the past two years. It has continued to be responsible for the production of some pamphlets and, recently, a colour film strip with an accompanying manual. Both this Board and the Council on Education have indicated the desirability of having the subcommittee reactivated as soon as a staff person can be made available to assume some of the administrative responsibilities. Council approved the following motion:

“That on a trial basis of one year, the director of the Aptitude Test Program be asked to also work with the National Recruitment Committee as the latter’s staff director, and that the Council on Education be notified to this effect.”

Auxiliary Services — National Certification Board for Dental Assistants

18. A special committee under the chairmanship of Dr. M. Nacht, prepared a report regarding proposals for certification of dental assistants. The report appears as *Appendix C*. Council endorsed the action taken by the Auxiliary Services Committee when it approved the resolution included in the reports.

Joint Meetings with other National and International Organizations

19. Council asked the Conventions Subcommittee to take under advisement the possibility of inviting each of the ADA, BDA, and FDI to hold an annual session jointly with an annual session of CDA. The subcommittee is to report its findings and recommendations to Council at the earliest possible date.

CDA Five-Year Projection

20. Council devoted a great deal of time and study in developing a five-year projection of services which the Association will require to meet the needs of its members. This five-year projection was forwarded to the corporate members some time ago and appears as *Appendix D* of this report. It should be emphasized that this projection represents a minimum of services required to properly serve the needs of CDA members. The following resolution was passed by Council and it is recommended that this be approved by the Board:

Whereas the Executive Council is aware of the need for the Association to continue providing services to and on behalf of its members for the improvement of the nation’s dental health, and

Whereas the demands for these services by an expanding and changing community are continually increasing, and

Whereas the provision of services to meet these increased demands is associated with ever-rising costs of goods and services, expansion of selected programs and the addition of new ones, and the staff requirements to man the programs, therefore be it

Resolved that the Executive Council recommends the services (expanded and additional) as projected through to 1972, and be it

Resolved that in order to implement these services, the Executive Council recommends to the Board of Governors that the annual corporate grants, beginning with the grants for 1969, be calculated on the basis of sixty-five dollars per licensed dentist.

The Board does not agree with the second resolving clause of this resolution and recommends the following substitute:

Resolved that in order to implement these services, the annual corporate members' grants, in the near future, be calculated on the basis of sixty-five dollars per licensed dentist.

ADOPTED

Whereas the Executive Council devoted a great deal of time in developing a five-year projection of services which the Association will require to meet the needs of its members, and

Whereas the membership needs occasionally to be reminded of the quality and extent of CDA activity and of its future aspirations as outlined in *Appendix D*, therefore be it

Resolved that the Board of Governors communicate to its corporate members the desirability of giving this document widest possible coverage among its members.

ADOPTED

Statutory Dental Corporations

21. (1) In view of action by the Board of Governors (1967 *Trans*: 37) which directed the Executive Council to seek additional legal opinion on the meaning of "statutory" as used to describe "corporate members" in the Constitution and By-Laws of the CDA the secretary was instructed to consult with the Association solicitor.
- (2) A letter is now on file from Messrs. Willis, Clarke, Dingwall and Newell (29 Sept. 1967) which supports the earlier opinion of the CDA's own solicitor (12 Sept. 1966) to the effect that in the popular sense, and particularly as used in CDA Constitution and By-laws, a company incorporated by letters patent under a statute like the *Ontario Corporations Act* is popularly described as a "statutory corporation" just as a corporation created directly by statute.
- (3) Copies of both letters have been forwarded to the Chairman of the CDA Council on Constitution and By-laws, along with our solicitor's suggestion that a new definition for corporate members omit the word "statutory" defining them in terms of provincial dental corporations, representative of the profession at large within the province, and having a membership of at least 90 per cent of the dentists licensed to practise in that province (see report of Council on Constitution and By-laws).

Library

22. In recognition of the generous bequest by the late Dr. Sydney Wood Bradley, Council directed the Headquarters Property Committee to purchase and install a suitable memorial plaque designating the Library as the Canadian Dental Association's Sydney Wood Bradley Memorial Library.

*Fee Schedules*23. *Indians and Eskimos*

- (1) The President and Secretary met with senior officers of the Dental Division and the Assistant Principal Treatment Officer, Medical Services Branch of the Department of National Health and Welfare to discuss the provision of dental services to Indians and Eskimos and the basis of payment for these services.
- (2) Because of lack of definition regarding the constitutional responsibility for supplying Indians and Eskimos with health services, neither federal nor provincial governments are presently accepting full responsibility for their care.
- (3) The role that the national and provincial dental associations might play in improving the situation with regard to dental services was discussed. A memorandum covering these points has been forwarded to each corporate member.

24. *Department of Veterans Affairs*

The Director of Dental Services, Department of Veterans Affairs has recently announced that beginning 1 July 1968, the Department will reimburse private dental practitioners at the rate of 90 per cent of the provincial fee schedule for services rendered to eligible beneficiaries. This is recognized as an improvement over previous arrangements and Dr. D. Tanner, Dental Director for DVA is commended for his efforts in bringing it about.

The Board notes with pleasure the improvement in the regulations regarding payment of fees for services by the Department of Veterans Affairs.

British Dental Association

25. An invitation was received from the British Dental Association for the President and/or Secretary to attend their annual meeting to be held 17th to 21st of June, 1968. Due to the proximity and, indeed, conflict with our own Council and Board meetings this June, it was not possible for either the President or Secretary to accept this invitation.

Canadian Conference on Health Care

26. Council believed that the information on voluntary health insurance, including dental plans, that is expected to be available through membership in the Canadian Conference on Health Care should be useful. CDA membership in this organization was, therefore, approved by Council. A brief outline of the activities of this Conference appears as *Appendix E* of this report.

CDA Archives

27. Dr. D. W. Gullett, the CDA Archivist, has now indexed about 140 items for the CDA Archives. The collection includes both original and copies of early dental certificates, minutes of early dental meetings and copies of some of the first dental textbooks in Canada. Uncovering the existence and locations of these items is a difficult, time consuming assignment that is considered to be well worth the effort. Council expressed its appreciation to Dr. Gullett and offered full co-operation in his future efforts.

The Board wishes to express its thanks to Dr. Gullett for his continued and untiring efforts.

History of Dentistry

28. Dr. D. W. Gullett reported to Council on the progress of the preparation and writing of the history of dentistry in Canada. This project has turned out to be much more time consuming and difficult than was originally anticipated. Council expressed its appreciation to Dr. Gullett who is giving of his time without remuneration for the preparation and writing of the history of dentistry in Canada.

The Board wishes to express its thanks to Dr. Gullett for his continued and untiring efforts.

Bureau of Economic Research

29. (1) Mrs. B. Isabel Brown presented a very objective report not only on the present activities of the Bureau but projected activities which would better serve the corporate members and the Association generally. The importance of this Bureau and the needs for its expansion become increasingly apparent if the CDA is to maintain its position as the chief source of irrefutable information about the practice of dentistry in Canada.

(2) It is significant that at the National Association of Dental Service Plans at the American Dental Association headquarters in Chicago, the CDA Bureau's *Dental Economics Newsletter* was referred to as the best single source of information on dental plans.

The Board wishes to comment on the excellence of the newsletters and reports prepared by Mrs. Brown and to mention with pride the esteem with which these reports are held by authorities outside the Association.

Bureau of Public Information

30. Highlights of this report were as follows:

(1) A new pamphlet on student membership was prepared.

(2) The Bureau collaborated in the production of a multiple purpose colour picture booklet entitled *A Vital Service*. In the first month of its availability, 6,283 copies were sold at cost, which is indicative of its favourable reception.

- (3) The pamphlet entitled *Careers in Canadian Dentistry* was revised and updated.
- (4) Five prints of a recent U.S. film entitled *Why Fluoridation* were purchased and are now available on free loan through a distribution agency.
- (5) All three CDA fluoridation pamphlets have been updated or revised and printed in both French and English. These are sold at cost, with samples free.
- (6) Accurate statistics for both controlled and naturally-occurring fluoridation have been compiled for all provinces and territories. These statistics have wide distribution and recognized acceptance.

Faculty of Dentistry, University of Western Ontario

31. Council congratulated Dean Wesley J. Dunn on the initiation of steps to establish an Advisory Committee to the Faculty of Dentistry of the University of Western Ontario and was pleased to appoint Dr. Harvey Reid as a representative of CDA to serve a term of three years on the Advisory Committee.

Terms of Offices of Appointees of Executive Council

32. Council approved the following motion:

That the general rules for subcommittee appointments shall be the same as those set out in CDA By-laws under general rules, Article IX, Section 3.

33. All appointees of the Executive Council were notified of this policy together with the terms of their appointments.

Resolved that the Council on Constitution and By-laws consider the feasibility of the procedure that the Treasurer be elected by the Board.

ADOPTED

Federation Dentaire Internationale

34. The report of the CDA delegates to the 1967 FDI Congress in Paris was noted with interest (*Appendix F*). Council recommended that the National Treasurer for Canada consult with the corporate member secretaries in an attempt to select provincial treasurers who would help promote interest in FDI activities and encourage individual supporting membership. It was agreed that the Secretary-General of FDI be contacted in regard to supplying informative articles about FDI for publication in the *Journal*, and also in regard to the possibility of having FDI and/or its Council meet in Canada at some appropriate time. It was further agreed that the President of FDI should be invited regularly to be an official representative at our national meetings.

Dental Society of the State of New York — Centennial

35. (1) The President and Secretary were both invited to attend the Centennial Celebrations of the Dental Society of the State of New York

in Buffalo, N.Y., May 18-23, 1968. The President attended the first part of the meeting and the Secretary the latter part. Both were hospitably received as representatives of the Canadian Dental Association.

- (2) President Munsie addressed the convention on two occasions, one of which was a Centennial Awards luncheon at which, on behalf of CDA, he presented President F. Nicklaus and the Dental Society of the State of New York an illuminated scroll complimenting the Society on its past achievements and wishing it success in meeting the challenges of the future.

Official representatives

36. Council is pleased to inform the Board of Governors that the following official representatives will attend the 1968 National Convention.

- (1) Dr. Darl Ostrander — President of the American Dental Association.
- (2) Dr. and Mrs. H. D. Dalglish — President of the Canadian Medical Association.
- (3) Mr. W. Stewart Ross — President of the Federation Dentaire Internationale, also representing the British Dental Association.

Ad hoc Committee on Auxiliary Services

37. Further to item 13, the Honorable Allan J. MacEachen on June 13, 1968 gave the news release as shown in *Appendix H*.

Liaison with Canadian Medical Association

38. On April 18 of this year, at the invitation of CDA, a meeting was held at CDA headquarters, attended by the President, President-elect and Immediate Past-President of CDA, the President, Immediate Past-President and Chairman of the Board of CMA, together with the secretaries of both organizations. The meeting was primarily exploratory in that an attempt was made to identify areas where liaison should be established. It was the expressed feeling of all those present that the meeting was very worthwhile. A second meeting is to be held in September or October and it is anticipated that more tangible results will emanate from this forthcoming meeting.

39. Council approved the following resolution and recommends it to the Board of Governors:

Whereas liaison has been established between the dental and medical professions at the national level,

Therefore be it Resolved

That liaison between the dental and medical organizations at the provincial level be encouraged by the corporate members.

See resolution paragraph 64.

Installing officer

40. Council appointed Dr. William Miller, a past-president of CDA, as installing officer for the 1968 annual meeting.

Canadian Conference on Health Care

41. Earlier reference to this topic is made in item 26. The conference requested that CDA representatives comprise one elected officer and one executive staff person.

42. Council was pleased to confirm the appointments of Dr. W. J. Spence and Mrs. I. Brown as CDA representatives to the Conference.

Emblem for Dentistry

43. A subcommittee of Drs. D. W. Gullett and F. H. Compton were asked to develop a report with specific proposals on the subject of an Emblem for Dentistry. Their report appears as *Appendix G*.

44. Council makes the following recommendations to the Board of Governors:

- (1) "That the emblem for dentistry as suggested in *Appendix G* be adopted as the official emblem of Canadian dentistry; and
- (2) "That authorization be granted for the finished art work using green and gold as the main colors, and
- (3) "That the final art work be subject to the approval of Council."

See resolution paragraph 65.

Presidential responsibilities

45. In order to provide guidance with respect to presidential responsibilities, a subcommittee was appointed by Council to study and report. The report is appended as *Appendix I*.

46. Council has taken the report under advisement and expresses appreciation to the subcommittee for its study and suggestions in this area.

The Board accepts the contents of *Appendix I* with the exception of paragraph 4 (4) (b) which states that "... an honorarium for the President is, at least for the present, undesirable."

The Board disagrees with this statement.

Study on Taxation

47. Following a directive of the Board of Governors (1967 Trans: 84, 49) Council appointed a subcommittee on taxation. A progress report from this subcommittee is contained in *Appendix J*.

48. In order to inform Council and the subcommittee of activities with respect

to taxes on dental items, *Appendix K* was prepared by the secretary. It is included as an appendix as information to CDA members.

The Board recommends that, in view of its widespread interest, the content of *Appendix K* be published in the *Journal*.

Advisory Committee on Commercial Insurance

49. Further to item 15(3) Dr. Christie submitted an additional report. See *Appendix I*.

50. Council approved and recommends that the Board of Governors approve the nine requirements as listed in *Appendix L1* as guides and objectives for the group insurance companies as they undertake negotiations to merge the group insurance plans presently being offered by CDA and ODA.

51. If the "Requirements" are approved by the Board, the Secretary was instructed to forward them to the appropriate CDA insurance carriers directing the latter to negotiate with carriers of the corresponding ODA plans in an attempt to draft proposals for a satisfactory merger of the two Associations' group insurance plans.

The Board is gratified by the improvement in the relationship between the CDA and ODA insurance plans.

52. Council's consideration of item 6(2) *Appendix L* resulted in the following approved resolution:

Whereas the Advisory Committee on Commercial Insurance has recommended the establishment of a standing committee on commercial insurance, Therefore be it Resolved that

- (1) The Board of Governors approve in principle the establishment of a 7-man standing committee on commercial insurance that would be directly responsible to the Board, and
- (2) The terms of reference for the insurance committee be drafted by the present Advisory Committee on Commercial Insurance in consultation with the Council on Constitution and By-laws and
- (3) The draft terms of reference be presented to the Board of Governors for approval at the 1969 meeting, and
- (4) The Nominations Committee, in consultation with corporate members, submit to the 1969 Board of Governors a slate of nominees for the standing committee on commercial insurance, so that the committee may be elected by the Board at its 1969 session.

See resolution paragraph 67.

53. Council recommends that the Board approve the proposals contained in paragraphs 6(3), 6(4), 7 and 8 of *Appendix L*, namely

- (1) The establishment of an ad hoc committee to liaise with insurance carriers and to develop specific proposals for the collection of premium function, and
- (2) That President Munsie appoint the two CDA representatives to the ad hoc committee.

APPROVED

See resolution paragraph 68.

Conventions Subcommittee

54. Item 9 comments on the establishment of, and terms of reference for, this subcommittee. A progress report is attached as *Appendix M*.

55. After considering the report, Council recommends to the Board

- (1) That the dates for CDA conventions be in the period between September 15 and October 31 each year.
- (2) That sites for CDA conventions be chosen on a cyclic method of selection, taking into consideration the dentist population of 5 regions across Canada, namely British Columbia, Prairie Provinces, Ontario, Quebec and the Atlantic Provinces.
- (3) That the principle of utilizing a professional convention service, to manage, under the direction of the Conventions Subcommittee, certain aspects of convention arrangements be approved.
- (4) That the Conventions Subcommittee be directed to proceed to draft in detail its recommendations for CDA conventions and that these details be presented to the next meeting of Council.
- (5) That an invitation be extended to the American Dental Association to hold its annual meeting in conjunction with a CDA meeting in Montreal in 1974.
- (6) That an invitation be extended to FDI to hold its 1977 Congress in Toronto in 1977.

APPROVED

See resolution paragraph 69.

56. A cordial invitation has been received from the Newfoundland Dental Association to hold the 1972 CDA meeting in St. John's. The invitation is appreciated and has been referred to the Conventions Subcommittee for consideration.

Student Membership

57. Supplemental to item 12(3) Council directed that the recently formed Recruitment Committee of the Council on Education be asked to assume responsibility for continuing development of the CDA Student Member program and that as one aspect of this assignment the Recruitment Committee

work in close co-operation with ODA in the development of a joint CDA/ODA Student Member program with the hope that the eventual arrangement will be applicable in other provinces where provincial student memberships are contemplated.

Corporate Member Grants

58. Council acknowledges with appreciation the fact that annual grants for the current year have been received from corporate members of Manitoba and Saskatchewan that were computed on the basis of \$50 rather than the formerly approved \$40 per licensed dentist. The report of the Council on Legislation indicates that corporate members from other provinces are prepared to calculate their grants for 1968 on still other bases. The additional financial support represented by these actual and proposed grant increases is noted here for the attention of the Board of Governors.

Youth Science Foundation

59. The Canadian Dental Association is one of the sponsors of the Youth Science Foundation, a non-profit organization which promotes extra-curricular science activities among secondary school students. The Foundation's annual Canada-wide Science Fair was held at the University of British Columbia on May 9, 10 and 11, 1968, in which sixty-five finalists from regional science exhibitions participated. Winners of the CDA awards of \$100 were Miss Judy Blasco, a grade 13 student from Lindsay, Ontario, whose presentation was entitled "Algae in Water Supplies," and John Janis, a grade 11 student from Perth, Ontario, for his exhibit on "Biological Cryogenics."

60. The Association is grateful to Dr. G. F. Copithorne of North Vancouver for serving as its representative on the final judging committee.

Resolutions

61. That Dr. Harold Cline, Council's nominee, be granted honorary membership in the Canadian Dental Association.

ADOPTED

62. That the Board of Governors approve the Association services both expanded and additional, as projected through to 1972 in *Appendix D*.

REJECTED

The Board does not agree with this resolution and wishes to substitute the following:

Resolved that the Board of Governors accept the services already provided as outlined in *Appendix D*, Sections A and B and accept the principle of the projected services through to 1972 as outlined in *Appendix D*, Section C.

ADOPTED

63. That the annual corporate member grants, beginning with those in 1969, be calculated on the basis of sixty-five dollars per licensed dentist.

REJECTED

A substitute resolution is proposed:

Resolved that the annual corporate members grants, in the near future, be calculated on the basis of sixty-five dollars per licensed dentist.

ADOPTED

64. That the resolution in item 39 which recommends that the corporate members encourage liaison between provincial dental and medical organizations be approved.

ADOPTED

65. That the three recommendations in paragraph 44, concerning an emblem for Canadian dentistry be approved.

ADOPTED

66. That the nine "Requirements" for a merging of CDA and ODA group insurance plans as listed in *Appendix L1* be approved.

ADOPTED

67. That the resolution in paragraph 52 re the establishment of a standing committee on commercial insurance be approved.

ADOPTED

68. That the recommendations in paragraph 53 be approved.

ADOPTED

69. That the Board approve the six recommendations dealing with CDA conventions and related matters, as made in item 55.

ADOPTED**The following resolution was presented on motion from the floor:**

Whereas one of the CDA's chief objectives is to serve the members of the dental profession, and

Whereas the emphasis on the services through which this objective may best be attained changes from time to time, and

Whereas the responsibility for determining the proper emphasis and priority of services should be shared by the corporate members and the CDA,

Therefore be it Resolved

That in 1969 the Executive Council sponsor an Aims and Objectives Conference, to which the secretary and one additional member from each corporate member (the latter to be selected by the corporate member) will be invited, and That the purpose of this conference be to establish guidelines which will help to identify responsibilities and establish priorities for areas of service that should be provided by CDA, in order to serve its membership in the most effective manner.

ADOPTED

Appendix A

REPORT OF CDA SUBCOMMITTEE ON CONVENTION AFFAIRS

1. At the 1967 February meeting of the CDA Executive Council the fol-

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lowing motion was adopted and subsequently approved by the Board of Governors in May, 1967 (1967 *Trans*: 74, 7 (b))

That the Conventions Subcommittee be authorized to convene a meeting during 1967-68 to which would be invited a representative of each Section at the Section's expense, as well as representatives of the Executive Council.

2. As a convenience to those involved, a joint all day meeting of the CDA Conventions Subcommittee, CDA Section Representatives and CDA Specialists and Specialization Committee was convened at CDA Headquarters on Saturday, October 14th, 1967.

Present:

J. P. Coupland	-	-	-	-	-	-	}	Co-chairmen
O. J. Yule	-	-	-	-	-	-		
R. A. Connor	-	-	-	-	-	-		Dental Public Health
C. E. Craig	-	-	-	-	-	-		Orthodontics
J. D. Purves	-	-	-	-	-	-		Restorative Dentistry
D. L. Rife	-	-	-	-	-	-		Dentistry for Children
R. L. Scott	-	-	-	-	-	-		Specialists & Specialization
P. T. Smylski	-	-	-	-	-	-		Oral Surgery
J. D. Stewart	-	-	-	-	-	-		Specialists & Specialization
N. H. Vickers	-	-	-	-	-	-		Endodontics
J. Whyte	-	-	-	-	-	-		Periodontics
W. G. McIntosh	-	-	-	-	-	-		Staff

Section Participation in Annual Conventions

3. After considering factors such as the need for continually increasing the quality of convention programs, the number of conventions that are competing for the individual dentist's attendance, and the expanding role played by universities in providing continuing education programs, it was concluded that careful study should be given to means by which the most practical methods of co-operation and communication between the CDA and its sections could be developed.

4. Discussion took place and general agreement was reached on the following matters:

Time of Meetings

- (1) May 15 to July 1 was considered as favourable a time as any for annual meetings. There was no strong objection to consideration of other times and late fall was suggested as a possible alternative.
- (2) The proposal that an overlapping type of program that encouraged all sections to begin their scientific sessions on the last day of the Board of Governors Meeting met with considerable enthusiasm.

Location of Meetings

- (3) The consensus was that CDA should take the initiative in selecting

locations for annual meetings and then solicit co-operation from local host groups.

Expense Policy

- (4) It was generally agreed that the present expense policy, in which sections are self-supporting, should be continued. One section urged that sections be reimbursed out of convention funds in proportion to the number of registrants from that section, at the general meeting. This proposal was not supported by the other section representatives.

Essayist Sharing

- (5) The present policy of cost-sharing for essayists should be continued.

Closed or Open Session Policy

- (6) Scientific sessions of sections should be announced to the CDA membership at large, as open sessions. The adoption of this policy should not, however, result in speakers being asked to direct their presentations to general practitioners rather than to the specialty group that extended the invitation.

5. The feeling was expressed by those in attendance that the meeting had been informative and constructive.

6. The subcommittee on Convention Affairs wishes to direct Council's attention to the following resolution adopted by the CDA Board of Governors in May, 1967 (1967 *Trans*: 74, 7 (a)).

Whereas operating national dental conventions has become a major task requiring specialized assistance on a continuing basis, and

Whereas it is desirable that the national convention be built into a convention that is truly national in scope and size, therefore be it

Resolved that the Canadian Dental Association hold independent national conventions directed by a standing committee on annual meetings in co-operation with local host centres and becoming effective in 1971.

J. P. Coupland, DDS.

J. D. Purves, DDS.

Appendix B

REPORT OF THE ADVISORY COMMITTEE ON COMMERCIAL INSURANCE

1. The Advisory Committee met on February 1st and 2nd at CDA Headquarters. All members were in attendance. The CDA Secretary and other staff members also attended.

2. The liaison members of the Trustees reported on the recommendations of the Thorne Group Audit which had required further study. These were:

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- (1) "...however we believe that the trustees should be the primary beneficiaries under this bond."
- (2) "The funds held temporarily by Professional and Industrial Pensions are not invested in the most prudent manner available due to a concentration of investment in one trust company."

3. Mr. Costa, of the Thorne Group was asked to enlarge upon recommendation (1). His reply in a letter was that (i) The fidelity bond protected against defalcation by an employee of PIPL. (ii) He did not think ("it does not seem likely") that the bond protected against defalcation by the owner-employee of PIPL and (iii) the fidelity bond did not protect against failure of a trust company in which trust assets were invested. He suggested that "the bond should be in the form of an insurance policy owned by the trustees, so as to reimburse them in the event of any loss of trust assets occurring by the actions of others."

4. Reference (ii) — The fidelity bond contract reads as though a director or trustee is covered so long as he acts as an officer or as an employee in some other capacity. On being questioned by telephone Mr. Costa did not think the contract meant what it seemed to mean. The CDA solicitor on being asked about this, said to make sure by having the PIPL administrator named in the contract as being covered. The committee agreed that this should be done, unless the CDA solicitor, after studying the contract, advises otherwise. The solicitor is to provide a letter on this subject. This will take care of the bonding question.

5. The solicitor was also asked to inform the committee of the way in which the trustees could ensure that the CDA members' interest was protected in the event of defalcation. He stated that the trustees' lawyer would go to PIPL and institute suit against PIPL who would then claim from the bonding company.

6. Reference (iii) — The suggestion was a new one and advice was sought by the committee. The solicitor did not recognize such insurance as a familiar or common procedure. He suggested requiring of the administrator that he invest only in a selected list of short term securities. In questioning the Royal Trust representatives who sat with the committee on February 2nd, the committee accepted their suggestion that the administrator invest trust funds only in Royal Trust short term securities. This was agreeable to the administrator since he had been doing this for the past year anyway.

7. This decision also takes care of the second recommendation outstanding from the Audit since the auditors' criticism was directed at the particular company involved rather than at the fact that only one company was used, at least this was the verbal interpretation of this recommendation given to the committee.

8. It is hoped that the Executive Council will agree that these particular matters are now arranged satisfactorily.

9. Mr. Staddon, the administrator of CDA sponsored plans, made his annual report.
10. The committee passed motions as follows:
 - (1) That the improvements in the Group Life and Office Overhead Plans as stated by the administrator be approved by the trustees and that Mr. Staddon be commended for obtaining these changes.
 - (2) That PIPL be authorized to renegotiate with Mutual of Ohama another age group, up to age 35, in our Group Disability Income Protection Insurance. The new age group to have a reduced premium, approximating \$21.50 per \$100.00.
 - (3) That Mr. Staddon be instructed to implement the changes in our Group Life plan to the effect of increasing the limits to \$50,000.
11. Reference: the administrator's comment on the CDA Registered Retirement Savings Plan — consideration will be given to this later in this report.
12. Mr. Staddon reported verbally that due to the institution of OMSIP in Ontario, the group for which he collected premiums for PSI has now decreased to a number inadequate for a group and that PSI will shortly be discontinuing it. The insurance committee of ODA has established a program under the new administration of medical services.
13. The literature of the CDA insurance plans and retirement savings plan was reviewed which resulted in a lengthy motion of which the essential points are as follows:
 - (1) In order to inform members of CDA (many of whom are not well informed of CDA insurance plans) and to clarify their understanding and in order to properly publicize the increased coverage to be available in Group Life as of July.
 - (2) That the insurance committee prepare a letter on the CDA letterhead listing the plans and their advantages and that the letter urge the members to consider CDA plans when contemplating purchase of new insurance and pointing out that advice can be obtained from Mr. Staddon of PIPL.
 - (3) That a composite pamphlet containing details of all the CDA plans be prepared and enclosed with the a/n letter to be mailed to all members by June 30th or at some later date if June 30th is not practical.
 - (4) That the corporate members be supplied with copies of the letter and composite pamphlet and that the corporate members be urged to provide newly licensed dentists with copies.
14. It was announced that eight of the ten provinces are now covered by group malpractice insurance, seven of them with the Ontario plan administered by

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CDSPI. Quebec and Nova Scotia are the latest to have joined the CDSPI operation.

15. It was reported to the committee that, in some provinces at least, Workmen's Compensation Insurance was available to employees of dentists. It was moved that the committee advise the secretaries of corporate members of this fact and that the corporate member be asked to supply its members with the appropriate information.

16. The question of non-owned Auto Liability Coverage for CDA was considered. There seemed to be doubt as to the likelihood or possibility of CDA being held responsible to a third party for an injury sustained by a vehicle on CDA business but not owned by CDA. A motion directed the Secretary to consult the CDA solicitor on this matter. The motion approved purchase of such a policy should the solicitor deem it wise to do so.

17. On the question of the dentists' legal protective association the Secretary reported that the secretaries of corporate members felt that inadequate information and detail had been provided them to permit consideration of the matter at the corporate member level. The chairman directed Doctors O. Wright (B.C.) and R. Rasmussen (Alta.), in whose provinces such associations function, to prepare a statement, embracing principles, functional and structural pattern and costs, to be presented at a future meeting.

18. At a previous meeting some concern had been expressed about what would happen should the officers of PIPL be killed or completely incapacitated in an automobile accident. In the discussion the administrator stated that Imperial Life, Mutual of Ohama and the Royal Trust, all having an interest to protect, would probably supply personnel to carry on pro tem. Mr. Staddon is to write a letter to the committee stating the procedure. He is also to supply the CDA Secretary with the combination to the safe in which the records are kept.

19. At the committee meeting of November, 1966, a list of "Types of Policies which should be provided by CDA Insurance Plans" was drawn up. This list was reviewed and certain amendments made.

- (1) To 1 a third item was added which has been mentioned above, i.e. Workmen's Compensation Insurance for employees.
- (2) Under 2 "Contents All Risks" a motion was carried which laid down some specifications for this kind of insurance and directed the administrator to determine the possibility of obtaining such a policy.

20. On February 2nd two representatives of the Royal Trust Company met with the committee. The representatives were Mr. D. S. Smith, Manager, Pension Trust Division and Mr. R. Hunter, the investment manager of our account.

21. They presented a paper which identified certain areas of the Trust Agreement between CDA and Royal Trust which should be amended to bring the

Agreement into line with current practice and which also considered the method of administration.

- (1) Regarding Section 3, the Royal Trust felt that, while they are legally required to issue an annual tax receipt to each participant, they receive the contributions in bulk from the administrator without identification of the participant or of his share. They, therefore, felt that their legal position is insecure. As a result of the discussion a motion directed the administrator, when forwarding the quarterly contributions to the Trustee, to attach a list of the contributors, the amount that each has paid and the division of each contribution into the three (two) funds.
- (2) Regarding Section 7, pertaining to record keeping and evaluation of the Fund and the proportionate share of each participant, the committee directed that "the agreement be amended to require the administrator rather than the Trustee to maintain sufficient accounting records to show the proportionate share of each member in each fund and that the Trustee maintain sufficient records to show periodically the value of the investment fund."
- (3) Section 9 does not provide for deregistration or transfer to another fund. A motion was carried directing that the Agreement be amended to provide for deregistration of part or all of a participant's share and/or for transfer of part or all of a participant's share to another fund either by the individual participant or by the CDA.
- (4) It was further directed that the funds continue to be valued for contributions on a quarterly basis but that they in future be valued on a monthly basis for deregistration, transfer or death. Doing so may provide the Insurance Committee with information on the advantages and disadvantages of using a monthly valuation date versus a quarterly valuation date.
- (5) The Trustee pointed out that the CDA Retirement Savings Plan operates two fixed income funds, viz., a Government Bond Fund and a Corporate Bond Fund. No provision is made for investment in Royal Trust Company Classified Investment Funds for Pension Trusts (pooled funds). It was suggested that two fixed income funds may be confusing and that operating only one fixed income fund and a common stock fund might permit the participant to more easily divide his contribution. After much discussion the committee directed that Section 4 of the Trust Agreement be amended to discontinue the two fixed income funds and utilize the Classified Investment Funds. In addition, it was felt that some members might have a particular attachment to either of the Government or Corporate Bond Funds and provision was, therefore, to be included to provide for a "rump" (as Mr. Hunter called it) for each of these funds. Money presently invested in these funds may, if the member directs it, continue in them rather than be transferred to the Classified Funds.
- (6) It was directed by motion that the Agreement be amended to name

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the officers of the Association who are authorized to give instructions to the Trustee, e.g. for deregistration. These are to be the administrator and one of the CDA signatories. The administrator is to present the CDA signatory with sufficient evidence to warrant his signature.

- (7) The representatives of the Trustee expressed their complete satisfaction with the manner in which the administrator has discharged his duties in connection with the Retirement Savings Plan. They felt it their duty, however, to provide the committee with information about alternative methods of administration.
 - (a) Present method: The contributor sends his cheque to PIPL. The administrator records the amount and division between the funds and prior to the quarterly evaluation date forwards the contributions in bulk to the Trustee with instructions as to division between the funds (see para. 21. 1).
 - (b) Direct method: The contributor sends his money direct to the Trustee who holds it until evaluation day when it is invested according to the contributor's instructions. The administrator is provided with detail for his records.
 - (c) Bank method: An arrangement is made with a bank to receive contributions to any branch which will be forwarded to the Trustee before evaluation day.
- (8) The comparative advantages were discussed at length. It was agreed that the Bank method contained much greater potential for error than the other two. The Bank only credits interest as in a savings account, viz., 3% on the minimum quarterly balance. There is no financial advantage to the contributor. In the direct method the Trustee absorbs administration costs and bank charges for exchange and puts the money out on short term securities between receipt and payment into the fund. If short term interest is about 4% the Trustee breaks even, more or less. If the interest is higher (it is about 5½% now) a little money is made which the Trustee will credit to the Fund as a whole — not to the contributor. The difference is insignificant to the participant. In the present method the administrator pays the bank charges and, having put the money out at short term interest, acquires the difference as an administrative charge. The sum is as insignificant to the individual as in the direct method and only becomes significant to the administrator when large numbers of contributors are involved. The committee was unable to discern any advantages to the CDA contributor by use of either of the alternative methods over the present one and, therefore, directed that the present method be continued. Upon direct question by the chairman the Trustee representatives expressed themselves as perfectly content with the present method as amended.
- (9) The Trustee representative suggested that in order to assist in promotion of the Retirement Savings Plan to the CDA members that they

send representation to provincial association meetings. The committee was, of course, happy to concur.

- (10) By motion the committee directed that the Trust Agreement be amended to name and define the administrator.
- (11) Section 4 (1962 Amendment) reads: "Part 3 shall be known as the 'Common Stock Fund' and shall be invested in ordinary or common or in other participating or convertible shares listed on any recognized stock exchange." The Royal Trust representative pointed out that the last phrase prevented investing the fund in desirable but unlisted stocks. A motion deleting "listed on any recognized stock exchange" carried.

22. On occasion it has proved to be necessary for the committee to give an opinion or decision upon changes to an insurance or other plan between meetings of the committee. It was decided to employ the mail vote which, constitutionally, calls for a majority for decision of the issue.

23. The chairman reported that a preliminary report had been received from the Wyatt Company as of January 5th.

Respectfully submitted,

P. S. Christie, *Chairman, Advisory Committee
on Commercial Insurance*

Appendix C

REPORT OF THE SPECIAL COMMITTEE AS AUTHORIZED BY THE EXECUTIVE OF THE CDA RE PROPOSALS FOR CERTIFICATION OF DENTAL ASSISTANTS

1. At a meeting attended by Dr. Dunn, Chairman of the Council on Education, Dr. Deacon, Chairman of a subcommittee on "The Training of Dental Assistants" of that Council, Miss Waite, Chairman of the Certification Program of the CDN & AA, Dr. W. G. McIntosh, Dr. M. Jackson and Dr. M. Nacht, to consider the proposals for Certification of Dental Assistants, the discussion revealed that the plan seemed to have some basic concepts inconsistent with the functions of various arms of the Canadian Dental Association.

2. A review of the program from its inception to its present position resulted in agreement that these inconsistencies must be dealt with first. It was further agreed that a partial retreat in the program could be effected, the basic philosophy established and good use could then be made of the proposals as outlined in "Proposed National Certification Board for Dental Assistants" (1967 *Trans*: 8).

3. The basic philosophy agreed upon was that the Council on Education could,

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if it was consistent with their terms of reference, establish minimum requirements for curricula of training programs for dental assistants in order that these training programs could be accredited by the Council on Education when their requirements were met.

4. It was further agreed that the responsibility of examining and certifying the products of these programs was clearly the responsibility of the CDN & AA.

5. The conclusions of this meeting were presented to the Auxiliary Services Committee and resulted in the following motion:

- (1) The Auxiliary Services Committee recommended that the CDN & AA reconsider appropriate methods by which a National Certification Program for Dental Assistants may be introduced.
- (2) The Committee further recommends that the CDN & AA consult with and seek the co-operation of the CDA Auxiliary Services Committee and the Council on Education in connection with the development of such a program, particularly with respect to the establishment of minimum requirements and for the accreditation of formal training programs for dental assistants.

6. The motion and the intent thereof were freely discussed with representatives of the CDN & AA and they agreed to take the matter as outlined back to their Executive for action.

7. It was clearly and emphatically stated that the CDN & AA executive could count on the full co-operation of the Auxiliary Services Committee of the Canadian Dental Association and it is hoped that by the next meeting of the CDN & AA in June, 1968, the problem will have been resolved and detailed study can begin to implement this program.

Respectfully submitted,

M. Nacht, D.D.S., *Chairman,*
CDA Auxiliary Services Committee

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A

SERVICES PROVIDED BY THE CANADIAN DENTAL ASSOCIATION TO AND ON BEHALF OF ITS MEMBERS FOR THE IMPROVEMENT OF THE NATION'S DENTAL HEALTH

1. The constitution of the CDA lists the objects of the Association as follows:
 - (a) To cultivate and promote the art and science of dentistry and all its collateral branches, and to maintain the honour and interests of the dental profession;
 - (b) To conduct, direct, encourage, support or provide for exhaustive dental and oral research;

- (c) To elevate and sustain the professional character and education of dentists;
- (d) To promote mutual improvement, social intercourse and goodwill among members of the profession;
- (e) To enlighten and direct public opinion in relation to oral hygiene; dental prophylaxis, oral health and advanced scientific dental services;
- (f) To disseminate knowledge of dentistry and dental discoveries;
- (g) To have cognizance of and safeguard the common interest of the dental profession;
- (h) To publish dental journals, reports and treatises;
- (i) To do all further or other lawful acts and things as are incidental or conducive to the attainment of the above objects.

2. Services provided in the pursuit of these objects serve the public interest as well as that of the profession. The Association's work is initiated by its 24 councils, committees and sections. After approval by the Board of Governors or Executive Council, relevant decisions are implemented through the headquarters staff. A complete account of the activities of the councils, committees and sections and actions taken by the Board of Governors is recorded annually in *CDA Transactions*. These are supplied to every individual member.

CDA Headquarters

3. The focal point of Canadian dentistry is the Association's headquarters building at 234 St. George Street in midtown Toronto. From this home the dental profession provides its services and answers enquiries from Canadian and foreign visitors. The building houses the Association's library and printing plant. It has facilities to help individual and corporate members. It also affords meeting rooms for councils, committees and sections. A permanent 19-member staff, directed by the Association secretary, assembles all pertinent information for these agencies and carries out their decisions. Apart from answering innumerable daily postal and telephone enquiries, the staff disseminates up-to-the-minute information on all aspects of dentistry, including such diverse topics as advances in dental treatment, prevention and control of dental disease, dental manpower and resources, and new government initiatives in the field of dental health.

Dental Health Education

4. Countless dentists and public health agencies use the informational pamphlets developed, printed and sold at cost by the Canadian Dental Association. The factual information contained in these publications saves dentists many hours of precious chairside time. CDA-sponsored television filmlets have also generated an enthusiastic response from local and network TV stations in all parts of the country. And thanks to its tireless cultivation of the media of mass communication popular writers and broadcasters look to the CDA as the authoritative source of information on nationally significant issues in dentistry.

Development of Guidelines for Dental Programs

5. As the national voice of dentistry, the Association provides leadership in the

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development of guidelines for dental programs of all types. Governmental, voluntary and commercial agencies look to the Association for advice on the establishment of dental prepayment plans, dental benefits for welfare recipients and other publicly funded dental care programs. The Association has been most successful in persuading government at all levels that an incremental dental care program for children is the only rational approach to the nation's dental care problems.

Promotion of Preventive Measures

6. The Association collects, collates and distributes information on proven preventive measures such as fluoridation of communal water supplies and implementation of these measures in communities across Canada. Numerous requests for advice and materials on such matters are received from both individuals and communities.

7. Assistance in response to these requests is regularly supplied and many communities use the informational kits prepared by the Association for this purpose.

Accreditation of Dental Schools

8. Association survey teams regularly inspect for accreditation all dental schools and schools of dental hygiene in Canada thereby assuring that the standards of dental education throughout the nation are maintained at the highest possible level. A reciprocal arrangement is maintained with the American Dental Association whereby each Association recognizes the schools accredited by the other.

Approval of Hospital Dental Departments and Dental Internships

9. The Association provides guidance and assistance to local dental groups seeking to improve the position of the dentist in hospitals. National guidelines for dental services and dental internships have been developed and these form the basis of the Association's programs for accrediting dental departments and dental internships in Canadian hospitals.

Code of Ethics

10. The Association has established and keeps under review a *Code of Ethics* designed to maintain the highest possible standards of dental practice and to protect the public from improper and unethical practices and treatments. The code serves as a guide to provincial dental organizations and thus encourages uniformity in practice ethics all across Canada.

Dissemination of Scientific and Technical Information

11. *Publications*

- (1) Each member of the Association receives a subscription to the *Journal of the Canadian Dental Association*, Canada's leading dental publication. The *Journal* is bilingual (English and French), published monthly and contains the latest available reports on scientific advances and dental techniques plus numerous features such as news of dentistry, reports from Association agencies, reviews of current dental literature, case

reports, calendars of dental meetings, and through its letters to the editor columns provides a medium for self-expression by individual members of the Association. The *Governors' Letter* and *Dental Economics Newsletter* are published monthly. These publications are available to members on request. The Association also publishes a *News Bulletin* highlighting the major events of the annual business meeting and convention. The *Bulletin* is produced in both English and French and distributed to all Association members. Adopted policy statements and monographs on issues affecting dental practice are printed and made available to the membership. Recent examples are *Policy Statement on Auxiliary Personnel*, *Policy Statement on Projection of Dental Services* and publications regarding the relative value fee system and group practice. The Association also publishes an annual directory which provides the names and addresses of all members.

Library

- (2) At its headquarters in Toronto the Association operates an up-to-date dental Library, recently named The Sydney Wood Bradley Memorial Library. More than 4,000 scientific and technical books as well as numerous dental periodicals from around the world are available for loan to members of the Association. Members are encouraged to visit the library and in addition a postage-free mailing service is available. Lists of the library's most recent acquisitions are published periodically in the *Journal*.

Scientific Meetings

- (3) Each year the Association holds a scientific session which features reports from recognized authorities in all major dental fields, a large number of clinical presentations, scientific films, and many health and commercial dental exhibits. These meetings are an excellent source of valuable new information for the practising dentist and, through him, for his patients.

Insurance

12. The Association sponsors a variety of insurance coverages for its members. Life, sickness and accident, income protection, office overhead, retirement savings and other types of insurance are available on a group basis. This results in direct savings as against comparable coverages available on the open market.

International Relations

13. The Association co-operates with dental organizations of foreign countries, the World Health Organization and the Fédération Dentaire Internationale. This facilitates the exchange of scientific and technical information among dental scientists in all parts of the world.

Legislation

14. The Association presents to federal authorities the views of Canada's dentists on matters affecting the oral health of the public and the practice of dentistry.

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Carefully prepared briefs are delivered as required to appropriate government agencies following approval by the Board of Governors or Executive Council. Recent submissions dealt with health care services, income and sales taxes, tariffs and unemployment insurance.

Liaison With Auxiliary Groups and Other Health Professions

15. Agencies of the Association work closely with allied dental groups and representatives of other health professions in the formulation of programs designed to improve health services for the people of Canada. In this work the Association endeavours to advance applicable Association policies (e.g. policies on auxiliary services, hospital dental services, etc.).

Membership Records

16. The Association maintains an up-to-date list of Canadian dentists and their addresses. An IBM punch card system is now in use from which mailing lists for the *Journal* and for other publications and services can be prepared.

Special Areas of Dental Practice

17. The Association has responded to the need for dental specialties and specialists by establishing requirements for the recognition of special areas of dental practice.

Surveys and Special Studies

18. The Association conducts numerous surveys and special studies relating to the conditions of dental practice, dental health services, distribution of dentists, applicants and applications to dental schools, dental students' register, dentists' incomes and expenses, dental needs of the population and related matters. Most of the surveys and studies must be repeated at regular intervals so that up-to-date information is always available. The resulting information helps to determine the most effective use of available dental resources and provides factual information about the practice of dentistry and the environment in which dental services are offered to the public. The Association has become the leading authority in this area and its information is regularly relied upon not only by councils and committees, corporate members, dental schools and the profession in general but by provincial and federal government agencies, public media and other interested parties.

Aptitude Test Program

19. The Association administers a dental aptitude test program designed to assist the prospective student to assess his aptitude for a career in dentistry and to help dental schools in their selection of first year students. Semi-annual test sessions are held at selected Canadian universities and participation is either required or recommended by every Canadian dental school. The program is also responsible for continuing follow-up studies and other educational research. It serves the Canadian community by helping the school select the most qualified students, by reducing wastage through dropouts and failures, and by producing

graduates with the highest aptitude for serving the public and the profession.

Dental Research

20. The Association carries on a continuing program to promote and encourage dental research in all its forms for the benefit of the public and the profession. The Association has for many years provided research studentships and fellowships to assist qualified students in pursuing teaching and/or research careers. In addition it has at regular intervals conducted surveys of dental research facilities in Canada and taken every opportunity to encourage outside support for their expansion. It supports research conferences where dental researchers can benefit from an exchange of ideas. It also formulates and presents to the profession and the public statements on scientific subjects. (e.g. *The CDA Statement on Fluoridation; Control of Radiation Hazards in the use of the Dental X-Ray Apparatus.*)

Other Services

21. Much of the work of a national professional association, though it is imperceptible, is nevertheless vitally important for every dentist. A corporate member, required to explain to legislators an important aspect of dental practice, may justifiably look to the Canadian Dental Association for aid and support. Called upon to defend a legitimate right, another corporate member may likewise turn to the national association for guidance. Though primary jurisdiction over health may reside with the provinces, the repercussions transcend the provincial domain. This inescapable fact is mirrored by the health professions: none can attain their full potential without the support of seasoned national organizations that are ever alert to the social and political climate of the hour. It is in this role that the Canadian Dental Association makes a vital, yet intangible, contribution to Canadian Dentistry.

B

PROJECTED SERVICES

22. The aforementioned services developed gradually. Their expansion paralleled the growth of the Association, the increased demand for dental services by the public, and greater appreciation and awareness on the part of governments, industry and social agencies of the essential role dental health plays in the total health of the Canadian community. Looking ahead, we anticipate additional and enlarged dental schools that guarantee a continuing increase in the number of practising dentists, a rapidly expanding population, rising levels of education and income, new technological developments, and expanded coverage for dental insurance. All of this will promote increased demand for dental care. Changing attitudes concerning the right of the individual to health services of all kinds, and the introduction of government programs, indicate that dental care may soon be made available to everyone regardless of his economic status or place of residence. It follows that our efforts must be augmented if the Association is to continue to provide services on the present scale to a larger public and an expanding profession. This alone will require increased expenditures, headquarters facilities and personnel.

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23. No viable organization stands still. The CDA, recognizing its professional responsibility, constantly strives toward its fundamental objectives — improvement in its service to the public and the profession. While the ultimate in desirable Association services is difficult to define, more could be accomplished in each area of activity to the advantage of both groups. Priorities and resources are the only limiting factors.

24. Three aspects deserve consideration as we contemplate the future role of the Association: extension of current services to a larger number of dentists and an increasingly interested public; expansion and elaboration of existing services; and the addition of new services.

25. Priorities for services will vary from time to time according to the social, economic and other environmental pressures exerted on the profession. One of the Association's major responsibilities is to identify such priorities when they arise and to concentrate its efforts accordingly. A recent decision which accords top priority to the development of a dental care program for children provides a good example of the Association's desire to meet such an obligation. Dental health education, the promotion of preventive programs, the dissemination of factual information on dentistry to the public, intraprofessional communication, liaison with government agencies, surveys and special studies are examples of other Association activities requiring constant elaboration. Any one of these may from time to time require priority consideration.

26. The five-year projection of Association activities includes suggestions for some additional services. These include broader representations on certain committees and the establishment of active public information and government relations departments. There will unquestionably be many other demands on the Association as it strives to meet rapidly changing social, economic and political conditions.

27. The Board of Governors has already authorized the enlargement of certain committees (Auxiliary Services and Dental Services) in order to establish a broader representative base for these important groups and to accelerate and improve intraprofessional communication on topics of immediate concern to Canadian dentists. These changes will result in decisions and actions by the Association that are more representative of the wishes of its members.

28. For many years the Association has frequently been criticized for not being sufficiently active in the area of public relations. Heretofore its efforts were necessarily confined to dental health education. Now more than ever before it is imperative to acquaint the public with the true facts concerning the practice of dentistry and the services which the profession can provide. Only with this knowledge can the public be expected to co-operate intelligently with the profession in planning for the future. This requires aid from specially trained personnel with adequate facilities. It is not a task for amateurs or for those who can only devote their spare time. There is probably no more important role for the Association at

present than to defend its title as undisputed authority on matters related to the practice of dentistry. This it can only do through a continuing program of public information and by providing irrefutable facts when called upon or when the interests of the profession dictate that it do so.

29. For many years, too, the Association has been cognizant of the need for closer and more frequent liaison with the federal government. As health programs are developed and implemented there is also a greater and continuing need for legal advice and consultation. Accordingly, it is now propitious to consider a mechanism whereby both requirements may be satisfied. For example, the establishment of a government relations department, preferably located in Ottawa and directed by a lawyer who is knowledgeable in Association affairs, could make day-to-day contact with government officials and legislators and their advisers possible. One of the duties of such a department would be to stay abreast of the increasing amount of health legislation, particularly that affecting the dental profession, and to report on this in such a way that the officials and agencies of the Association may consider them in proper perspective. Another and probably even more important role for a government relations department would be to represent the CDA in attempting to shape and guide health programs of the federal government that have an impact on the dental health of the nation or the legitimate interest of the dental profession. Additional duties might include: procurement, evaluation and transmittal of legislative proposals and administrative regulations; arranging meetings between dental leaders and key government officials.

30. Only a few examples of new services which the Association could perform to the advantage of the public and the profession have been mentioned. Others will become apparent in due course. Members of the Association must therefore determine the nature and scope of services they wish their Association to perform on their behalf. Having made this determination, the full support of every member is necessary if the Association is to be effective in discharging the responsibilities assigned to it.

C

5-YEAR PROJECTION OF FINANCIAL REQUIREMENTS 1969 THROUGH 1973

Method

31. It must be realized at the outset that any prognostications into the Association's financial future are of necessity largely philosophical. At best they are guesstimates based on background knowledge, current trends, and estimates of what is to be.

32. This assignment has been approached by first charting the main items of revenue and expenditure known to have occurred from 1963 through 1967. A careful study of these figures indicates the presence or absence of trends over

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the past five years. On the assumption that similar patterns will continue, they give some indication of further changes. By projecting the number of dentists in Canada through the next five-year period, applying certain mathematical formulae to the trends established in the previous five years, and anticipating specific events, it has been possible to develop certain budgetary projections for the next five-year period.

33. It should be emphasized at the outset that every effort has been and will continue to be made to reduce costs and increase efficiency in all areas of activity.

Number of Dentists

34. As of January, 1967, there were 6,532 dentists licensed in Canada, 533 more than there were in 1963. The number is gradually increasing. It has been calculated that in 1968 there will be 6,800, in 1971, 7,200 and by 1973, 7,600. These calculations take into consideration the increasing capacity of our Canadian dental schools, retirements, deaths and other attritions.

Revenue

35. Table I — Actual and projected revenues 1963 through 1973.

TABLE I Revenue	1963 Actual	1965 Actual	1967 Actual	1969 Proj.	1971 Proj.	Proj. 1973
<i>Recurring:</i>	\$	\$	\$	\$	\$	\$
Assoc. Memberships	1,446	911	1,018	1,200	1,200	1,200
Grants—Corp. Memb.	213,110	221,509	255,768	266,500	282,000	298,000
Journal (Gross)	3,696	3,203	6,400	6,200	7,000	7,000
National Convention	2,664	1,467	2,215	2,500	1,000	2,000
Sale—Publications other than Journal	14,906	10,659	12,387	15,500	15,500	15,500
Student Memberships				2,000	2,000	2,500
Subscriptions—JCDA	1,227	1,364	1,373	1,500	2,000	2,000
Transfer—interest CDRF	597	763	580	600	600	600
Sub Totals	237,646	239,876	279,741	296,000	311,300	328,800
Less Grants Corp. Memb. Other	213,110	221,509	255,768	266,500	282,000	298,000
	24,536	18,367	23,973	29,500	29,300	30,800
<i>Non recurring: Donations</i>	4,350	3,000	8,000			
Sub Totals	4,350	3,000	8,000			
Totals	241,996	242,876	287,741	296,000	311,300	328,800

Comments on Table I — Revenue

36. The actual revenue from corporate member grants in 1967 was \$255,768, or \$5,512 less than might be expected on the basis of \$40 for each of the 6,532 dentists licensed in Canada as of January 1, 1967. The difference is accounted for by retirements, deaths and changes in membership category between the first of January and the forwarding of the corporate grants to CDA headquarters. This difference occurs each year and averages about 2 per cent of the total anticipated revenue based on the number of dentists as of January 1 in any given year.

37. The revenue from corporate members for 1969, 1971 and 1973 is therefore

estimated on the basis of the present per capita rate of \$40 and the projected number of dentists less 2 per cent of the total and rounded to the nearest \$500.

38. An examination of the actual figures from 1963 through 1967 shows that except for grants from corporate members, revenue during these years was relatively constant. Only minor fluctuations occurred from year to year in the other items. There is no reason to believe that this pattern will change in the next 5-year period. It can therefore be concluded that unless some entirely new source of funds can be found, grants from the corporate members provide the only real and significant variable with regard to the Association's revenue.

Expenditures

39. Table II — Expenditures — actual and projected 1963-1973.

TABLE II	1963 Actual	1965 Actual	1967 Actual	1969 Proj.	1971 Proj.	1973 Proj.
	\$	\$	\$	\$	\$	\$
Annual Meeting	11,116	13,303	12,648	16,000	18,000	20,000
Contingency	2,456	6,524	1,465	10,000	11,000	12,000
Expense reimbursement	21,701	21,250	23,104	27,000	30,000	33,000
Furniture and Fixtures	3,654	2,678	3,942	4,000	4,500	5,000
Grants	20,862	22,441	22,906	24,000	24,000	25,000
Insurance	841	1,259	1,698	3,000	2,000	2,500
Legal and audit	1,225	1,243	1,600	2,500	3,000	3,000
Office expenses	4,729	7,810	7,720	8,000	9,000	10,000
Postage	3,725	4,410	4,552	5,500	6,000	6,500
Property expenses (LHW, R & M)	2,035	5,914	9,612	9,000	9,500	10,000
Taxes (city)	1,213	3,718	5,300	6,500	7,500	8,500
Publications other than J.	26,385	27,244	32,374	33,000	35,000	37,000
Salaries	86,219	100,395	115,678	144,000	164,000	187,000
Salary expenses (P.P., H.I., U.I., W.C.)	10,696	10,139	12,428	17,000	19,000	22,500
Telephone and Telegraph	1,361	2,210	2,478	3,000	3,000	3,000
Translations	650	759	2,124	4,500	5,000	5,500
Sub Totals	198,918	231,297	259,629	317,000	350,500	390,500
Non recurring:						
Expense reimbursement	3,000					
Depreciation	4,542	10,330	10,693			
Furniture and Fixtures		6,097				
Grants		4,714				
Publications other than J.		2,770				
Salaries		11,866				
Salary expenses		1,944				
Transfer to reserve	15,000	12,500				
Transfer to CDRF	500					
Nat. Cancer Inst.—Project	1,350					
Sub Totals	24,392	50,221	10,693			
Totals	223,310	281,518	270,322	317,000	350,500	390,500

Comments re Table II — Expenditures

40. (1) The actual expenditures for 1963, 1965 and 1967 are recorded primarily for historical purposes. By separating out the main non-

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recurring items, general trends are established in most areas but because of the variables from year to year precise percentage increments that might be applied to the years 1969, 1971 and 1973 are not applicable. Projections in Table II are based on a continuation of present staff and methods of operation. They are rounded to the nearest \$500.

- (2) *Annual Meeting*: The costs of the annual meeting vary with location.
- (3) *Contingency*: In the projected years no allowance has been made for non-recurring expenditures. These will have to come from the contingency account.
- (4) *Expense reimbursement*: The 1969 expense reimbursement figure is estimated on the basis of anticipated meetings and travel for that year. The 1971 and 1973 figures are calculated on an increment of approximately 5 per cent per year.
- (5) *Furniture and fixtures*: Totals shown are based on estimated replacements and additions.
- (6) *Grants*: Unless the Association makes new grant commitments, the changes for this item in the immediate future should be minimal.
- (7) *Insurance*: The insurance on the headquarters building is payable every three years. 1969 is the next due date and therefore the amount in the 1969 column reflects this outlay as well as the increase in costs of travel and other insurance coverage.
- (8) *Legal and audit*: The actual amount for 1967 was by special agreement, and will not apply another year. In addition new activities such as student memberships are increasing the work load of the audit.
- (9) *Office expense*: These are arbitrary estimates but are related to past experience.
- (10) *Postage*: There are indications that postage rates are to increase. A growing membership also requires more individual mailings and therefore increased postages costs.
- (11) *Property*: This item includes light, heat and water along with repairs and maintenance. Projections are based on small increases in the cost of services and continuing repairs and maintenance to an older building.
- (12) *Taxes*: City taxes have been increasing every year. The forecast is that this trend will continue.
- (13) *Publications other than Journal*: This item includes such things as *Transactions*, pamphlets, films, etc. An attempt is made to have the projections include not only increased costs for each article but also the need to produce more articles as the membership of the Association increases.
- (14) *Salaries*: As a result of a temporary arrangement, the 1967 actual amount spent on salaries does not include the salary of a senior mem-

ber of the headquarters staff, although the Association did benefit from his services during this period. Two other staff additions were made in 1967 in order to improve and expand public information activities, particularly in respect to the promotion of fluoridation. In order to establish a basis for salary projections into 1969 and future years the sum of \$12,000 was added to the 1967 actual figure to make up for the above shortcomings in the actual total as shown. Projected figures are calculated on the basis of 14 per cent increments for each two-year period.

It is noteworthy that while average wages in Canada increased 6.1 per cent a year from 1964 to 1967 and by 12.2 per cent from 1965 to 1966 (D.B.S.) the average yearly salary increase for CDA employees in the same period has been less than 4 per cent.

The consumer price index has been rising at about 3.6 per cent per year. The modest 7 per cent annual salary increment used in the projections is therefore made up of 3.6 per cent to compensate for consumer prices increases and 3.4 per cent to recognize quality and length of service.

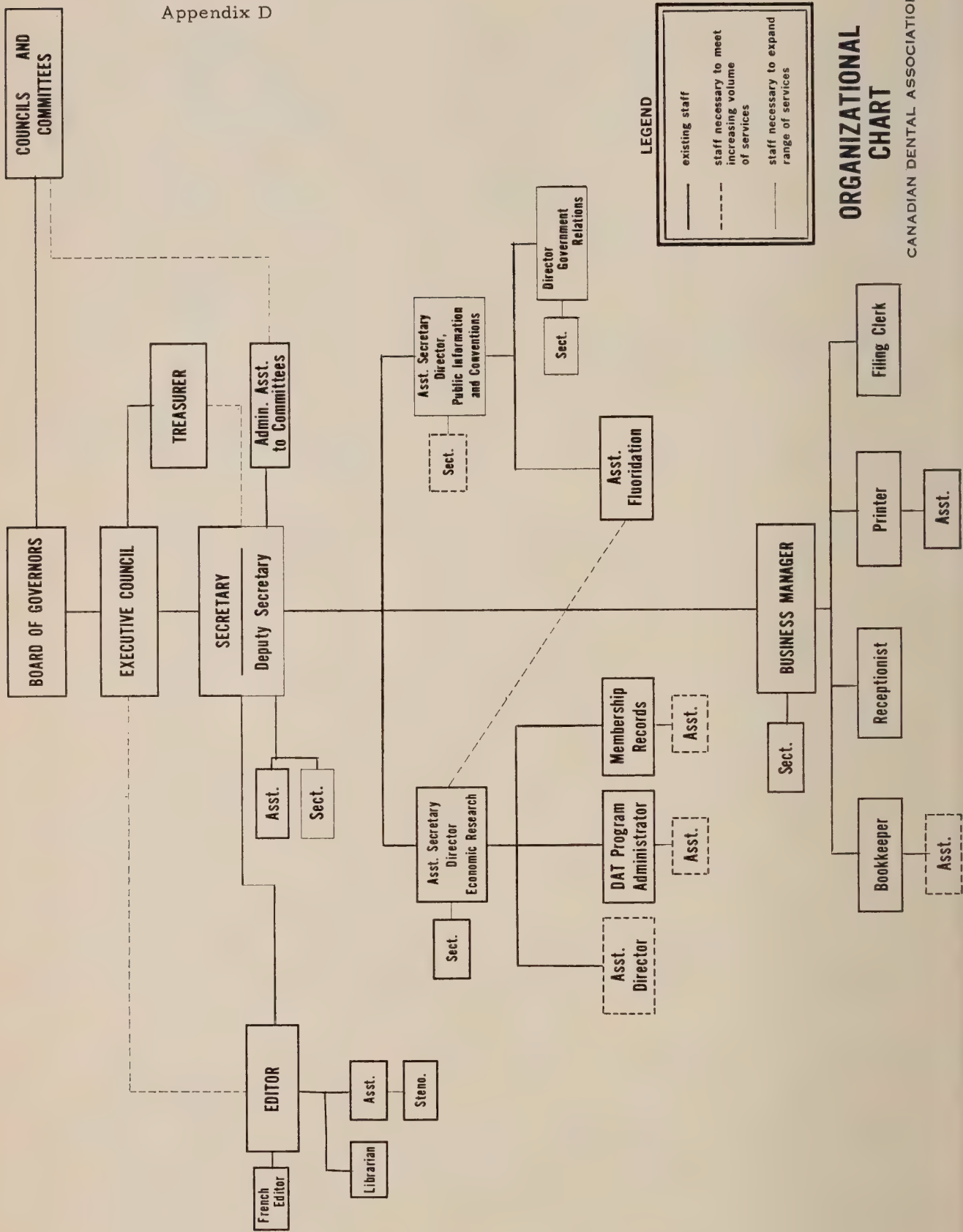
- (15) *Salary expenses:* The amounts in the projection columns are calculated on the basis of 12 per cent of actual salaries. They include pension plans, health insurance, unemployment insurance and workmen's compensation.
- (16) *Telephone and Telegraph:* While moderate increases in the cost of telephone and telegraph services are expected to continue, total costs are likely to be close to the \$3,000 mark for the years under consideration.
- (17) *Translations:* The rather sharp increase in translation costs results from a change over from volunteer non-professional translators to a professional translation agency for most of the Association's translation services. It is also expected that the need for translation is likely to increase.
- (18) *Depreciation:* This item in the non-recurring list includes depreciation on the headquarters buildings and on furniture and fixtures. It is a bookkeeping entry and does not represent actual dollars expended and therefore not included in projected expenditures.

Comparison of Revenue and Expenditure Totals

41. By comparison total projected expenditures for 1969, 1971 and 1973 with anticipated revenue for the same years, it is evident that the cost of maintaining the present headquarters facility will increase more rapidly than will revenue from the slowly expanding number of licensed dentists, assuming of course that the per capita grant remains as it is today. By 1969 the projected costs will exceed anticipated revenue by \$21,000, by 1971 the difference will be \$39,200, and by 1973 it will be \$61,700.

42. The Association's costs are projected to rise at an early annual rate of

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approximately 7 per cent, although dentists and therefore Association revenue are increasing at a rate of only 2.5 per cent per annum. One might ask why the Association costs should escalate so much faster than the number of dentists. The answer is that our costs are influenced by two separate factors. One of them concerns the personnel required to serve an ever-larger number of dentists. The other results from inflationary trends that affect wages and uncontrollable overhead items such as taxes, heat, services, etc.—trends that are unrelated to the number of dentists to be served.

Administration

43. CDA Headquarters staff has grown over the past 25 years from a part-time secretary to the present 19 full-time employees and a part-time associate French editor located in Montreal. Additions have been made as administrative responsibilities and demands from the profession for more services have multiplied. Socio-economic changes, increasing demands for all types of health services, and the attention being given to the introduction of dental health plans will continue to augment the need for organizational responsibilities and services. Each new dentist whose name is added to the Association's membership list and each new service that is undertaken adds to the work load of one or more of the headquarters staff. The recent introduction of the aptitude test and student member programs are good examples of new important services that involve considerable additional staff time. Headquarters is also understaffed in relation to its desire and ability to efficiently carry out assignments directed by Association policies and to adequately fulfil the increasing number of requests for information and assistance that are received from all quarters.

44. In making a projection of headquarters development five years ahead therefore there are two distinct aspects to be considered. One is normal growth resulting from the need to serve more dentists. The other is the expansion required to take on new assignments, to improve services and to assume additional responsibilities in the interests of the profession and the public it serves.

45. More and better public relations, improved intraprofessional communications and closer government liaison are examples of this latter type of expansion.

46. Another proposal that has been suggested in an attempt to make one aspect of the Association activities more productive is to enlarge the various councils and committees. For some time most of the councils and committees have comprised three to seven members. This has, of course, meant that all provinces could not be represented. The problem of intraprofessional communication and co-operation between provincial and national associations has thus been compounded. Councils and committees made up of a representative from each corporate member, preferably nominated by the corporate members from comparable provincial committees could increase the potential for continuity of thought and action between provincial and national groups and thus improve the effectiveness of both. The Board of Governors has already recommended that

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this policy be followed for the Auxiliary Services and Dental Services committees (1967 *Trans*: 83).

47. Such a system would obviously cost more than the present one. It is estimated that expense reimbursements for councils and committees would be doubled.

48. In an attempt to graphically illustrate the proposed reorganization of headquarters staff and activities, an organizational chart has been developed. (See page 106.) The chart is designed to show divisions of activity and lines of responsibility within the framework of the Association. Each member of the headquarters staff, present or proposed, is represented in an individual square. A variation in markings indicates those positions already filled, those necessary to meet the increasing volume of services and those required to expand the range of services.

49. From the chart it can be seen that in order to meet the increasing demand for services without for the moment considering expanded or new services, it is estimated that four additional non-executive staff are necessary. If the expansion of services referred to in the preceding paragraphs is contemplated, then again from the chart it can be seen that three additional senior personnel with three more supporting staff will also be required.

50. Table III provides a projection of expenditures related specifically to the expanded and additional services.

51. Table III — Projection of Expenditures for expanded and additional services, 1969-1971-1973.

TABLE III

Items	1969	1971	1973
	\$	\$	\$
(1) 4 non-exec. staff salaries	20,500	23,500	26,500
(2) Salary expenses re (1)	2,500	3,000	3,000
(3) Additional expenses — enlarged C's and Committees	22,000	23,500	25,500
(4) 3 senior personnel — salaries	40,000	45,500	52,000
(5) Salary expenses re (4)	5,000	5,500	6,000
(6) 3 supporting staff for (4) — salaries	15,000	17,000	19,500
(7) Salary expenses re (6)	2,000	2,000	2,500
(8) Rent — Ottawa office	2,000	2,500	3,000
(9) Office expenses for new departments including furniture and fixtures	4,000	4,500	5,000
(10) Totals	113,000	127,000	143,000

52. The same percentage increments for salaries and salary expenses are used in developing this table as in the expenditure projections in Table II. Again, the amounts are rounded to the nearest \$500.

53. Table IV is simply a variation of Table III designed to make three groupings of the services, and to provide estimated total expenditures for each grouping.

The totals will be used to calculate the required per capita grant in order to meet the varying combinations of services. (See Table V.)

54. Table IV — Projection of expenditures by groups of items, for expanded and additional services, 1969-1971-1973.

TABLE IV

Items	1969	1971	1973
	\$	\$	\$
(1) Addition of 4 non-exec. staff (salaries and salary expenses)	23,000	26,500	29,500
(2) Enlarged councils and committees	22,000	23,500	25,500
(3) Addition of 3 senior and 3 supporting staff plus office expenses	68,000	77,000	88,000
(4) Totals	113,000	127,000	143,000

Calculation of Per Capita Grant

55. The method of calculation may be illustrated as follows:
For 1969 the total of projected expenditures for the Association, assuming a continuation of the present staff and as nearly as possible a continuation of present services, is \$317,000 (Table II). Fixed revenue for 1969 (all except that which comes from corporate members' grants) is \$29,500 (Table I). The difference of (\$317,000 — \$29,500) \$287,500 is the amount that will have to be met by the corporate members. In 1969 it is expected that there will be 6,800 licensed dentists in Canada. Therefore the grants need to be based on $\$287,500 \div (\$6,800 \text{ less } 2\%)$ or \$43 per dentist in order to meet this specific set of circumstances.

56. As one more illustration consider 1971 and circumstances that call for the addition of four non-executive staff required to meet the increasing volume of services and the participation of enlarged councils and committees. In this instance the necessary per capita grant is calculated as follows:

Per capital grant=1971 expenditures	\$350,500 (Table II)
+ expenses 4 staff	26,500 (Table IV)
+ expenses c's & c's	23,500 (Table IV)
	\$400,500
Less fixed revenue	29,300
	\$371,200
Divided by number of dentists=	$\$371,200 \div \$7,200 \text{ less } 2\% = \53

57. Table V shows a summary of calculated per capita grants necessary to offset projected expenses for four different sets of circumstances, each having a different service potential for CDA members. Calculations are made according to the illustrations above. Obviously other groupings and the addition of other services are possible. Decision as to the specific services expected by the profession must be made before logical planning for future action is possible.

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58. Table V — Summary of projected total and per capita expenses for varying circumstances for 1969-1971 and 1973.

TABLE V

	Total Expenses	Fixed Revenue	Expenses that must be met by Corp. Grants	Expense per Capita
<i>1969—6,800 dentists less 2% (6,664)</i>	\$	\$	\$	\$
No increase in staff—reduced services	317,000	29,500	287,500	43
Increase non-exec. staff—same services	340,000	29,500	310,500	47
Incr. non-exec. staff—enlarged c's & c's	362,000	29,500	332,500	50
Incr. staff (exec. & non-exec.) enlarged c's & c's	430,000	29,500	400,500	60
<i>1971—7,200 dentists less %2 (7,056)</i>				
No increase in staff—reduced services	350,500	29,300	321,200	46
Increase non-exec. staff—same services	377,000	29,300	347,700	49
Incr. non-exec. staff—enlarged c's & c's	400,500	29,300	371,200	53
Incr. staff (exec. & non-exec.) enlarged c's & c's	477,500	29,300	448,200	63
<i>1973—7,600 dentists less 2% (7,448)</i>				
No increase in staff—reduced services	390,500	31,200	359,300	48
Increase non-exec. staff—same services	420,000	31,200	388,800	52
Incr. non-exec. staff—enlarged c's & c's	445,500	31,200	414,300	56
Incr. staff (exec. & non-exec.) enlarged c's & c's	533,500	31,200	502,300	67

59. The Table V summary clearly illustrates that if the current economic trends persist the Association's costs of continuing the services now being provided to its members and maintenance of its headquarters facility will soon increase beyond the limits of its revenue, based on \$40 per licensed dentist. Expanded services will cost still more. Financial support to the extent determined by the choice of services is essential if the Association is to remain a viable organization.

60. The per capita requirements shown in Table V are cumulative totals required to meet varying circumstances. The Table does not illustrate the results should grant increases not be available.

61. Table VI is therefore included. It not only illustrates the deficit position the Association will be in if the grants are not increased, it also shows the projected non-cumulative separate costs for the different service combinations.

62. Table VI — Summary — 5-year projection. Total Revenue and Expense and Per Capita Costs.

TABLE VI

	1963 Actual	1965 Actual	1967 Actual	1969 Projected	1971 Projected	1973 Projected
	\$	\$	\$	\$	\$	\$
Total <i>revenue</i> based on current \$40 per dentist (Table I)	241,996	242,876	287,741	296,000	311,300	328,800
<i>Expenditures</i> (Table II)	223,310	281,518	270,322	317,000	350,500	390,500
Excess revenue or (deficit)	18,686	(38,642)	17,419	(21,000)	(39,200)	(61,700)
No. of dentists less 2%			6,401	6,664	7,056	7,448
<i>Additional</i> amount required per dentist over present fee of \$40 to achieve <i>each</i> of the following objectives:						
1. Increase in fee required to eliminate deficits shown above. Same 1967 staff— <i>reduced</i> service				3.00	6.00	8.00
2. Increase in fee required for 4 additional staff members to provide <i>present</i> level of service. (Table IV)				3.00	4.00	4.00
3. Increase in fee required to <i>enlarge</i> councils and committees (Table IV)				3.00	3.00	4.00
4. Increase in fee required for 3 additional exec. personnel and supporting staff to provide <i>expanded</i> service (Table IV)				10.00	11.00	12.00

CDA Headquarters

63. Accommodation at headquarters for the four proposed non-executive staff would require no serious building alterations. Major changes would, however, be necessary in order to adequately house the additional personnel suggested to provide an expansion of services. By making such changes in the headquarters building it would be possible to provide reasonably adequate office space for all but the proposed government relations department for which an Ottawa location might be considered. As capital expenditures, the cost of altering the building could be charged to the reserve.

Per Diem Allowance

64. An Association expenditure that has not been considered in the foregoing projections is a per diem allowance for the president. Like other activities, the call on the president's time continues to increase. He is invited to address more groups and attend more meetings than ever before. The equivalent of between two and three months out of office has been an average commitment for presidents for the last several years. Reimbursement on a per diem basis is one

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method by which the Association may share with the president part of the responsibility for loss of income during his presidential term: by way of example, if 50 days of president's time is involved and the per diem rate is \$100 the Association's annual responsibility might be in the neighbourhood of \$5,000. Added to the previous projections, this commitment, based on the present number of dentists in Canada, would increase the per capita expenditure by approximately one dollar.

Summary

65. (1) It is estimated that by 1969 there will be 6,800 licensed dentists in Canada, 7,200 by 1971, and by 1973 the number will have increased to 7,600.
- (2) If the present inflationary trend persists, services now provided by the Association cannot be continued without increased expenditures.
- (3) A growing CDA membership requires an increasing amount of services provided by the Association.
- (4) Certain additional Association services are suggested. If introduced they will make further demands on staff and other facilities.
- (5) An expanded council and committee activity is suggested. It will cost more to operate but should strengthen relations between provincial and national dental groups and improve the effectiveness of both.
- (6) A reorganization of the headquarters facility is outlined that includes an expansion of both administrative and non-administrative staff.
- (7) The only significant revenue item that can be altered to make up for increased expenditures is the corporate member grant.
- (8) A method of projecting CDA revenue and expenditures has been developed, by which the per capita grant necessary to achieve given objectives can be calculated. It remains for the Association to define its objectives in terms of the services it wishes to provide.
- (9) If an increase in headquarters personnel is contemplated beyond that outlined in this presentation, it will be necessary to consider a further addition to the building or a move to other quarters.

Appendix E

CANADIAN CONFERENCE ON HEALTH CARE

1. The "Canadian Conference on Health Care" is an association representing major organizations connected with the voluntary health insurance field.
2. The Conference has been in existence for several years. It was originally established to speak with one voice on such issues as government involvement in medical care plans. It has not been active in this field, however, primarily because

there was no unanimity of interests and opinions of all members of the Conference.

3. The Conference sponsors the annual Survey of Voluntary Health Insurance in Canada which analyses the extent of voluntary coverage in each province.
4. Recently the Conference has been meeting only once a year; but it is possible that meetings may be more frequent in the future.
5. The Conference, through its annual survey, is a logical source of information on voluntary dental health insurance in Canada. For this reason primarily, but also because of dentistry's general interest in the activities of the Conference, an application was made for the CDA to become a member of the Conference.
6. The CDA was formally admitted to membership at the annual meeting of the Conference in Toronto on October 17, 1967. The CDA Director of the Bureau of Economic Research and the Secretary were invited and did attend this meeting.
7. At the October, 1967, meeting the Conference went on record to the effect that compulsory government-operated medical care schemes financed entirely by public funds are neither necessary nor desirable. A statement outlining this position was prepared as a news release. Copies were widely distributed — including Prime Minister Pearson and Hon. A. J. MacEachen.
8. Information relative to dental "insurance" is to be gathered with the next annual survey of the Conference.

Appendix F

XIVTH WORLD DENTAL CONGRESS AND THE 55TH ANNUAL
SESSION OF THE FEDERATION DENTAIRE INTERNATIONALE
HELD IN PARIS, FRANCE, JULY 7-13, 1967

Venue

1. All the business and scientific meetings, trade show, dental health education centre, art exhibition and historical exhibition took place at the Centre National des Industries et des Techniques, a vast shell specially constructed for housing large exhibitions and situated in the outskirts of Paris.

Delegates

2. The CDA, according to the FDI constitution, is entitled to three voting delegates at the General Assembly meetings of the Federation. Delegates to the Paris meeting were

Dr. Henri Brouillet
Dr. G. Ratté

Dr. W. G. McIntosh
and Dr. D. W. Gullett — alternate

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In addition to representing the CDA at the General Assembly meetings, delegates are encouraged to participate in the various meetings of the FDI commissions and reference committees.

Attendance

3. Total attendance at the Congress was approximately 8,000. 83 countries were represented. More than 100 Canadian dentists were enrolled.

Travel Fellowships

4. The Federation awarded travel fellowships to three young dentists to enable them to travel to Paris and to participate in the meetings. These fellowships were in the amount of \$100 each and were provided to interest young dentists in the work and administration of FDI.

Dr. M. Houde, a recent graduate from the University of Montreal, Dr. J. Naerum from Denmark and Dr. J. Flores-Arooz from Peru, were the recipients of the 1967 fellowships.

International Prizes

5. During the opening ceremony in the Palais de Chaillot, President Pedersen (Denmark) presented the following international prizes:

- (1) Miller Memorial; awarded every two years to the person or persons who, in the opinion of the Jury, have rendered the most eminent services to dentistry — Professor G. Toverud (Norway).
- (2) Georges Villain; presented every five years for a major contribution in orthodontics — Dr. K. Reitan (Norway).
- (3) Albert Joachim; a quinquennial prize for the best purely scientific research in the field of odonto-stomatology — Dr. R. Hoffman (U.S.A.)
- (4) Jessen Fellowship; a fellowship in children's dentistry presented for the first time — Dr. H. R. Arif (Pakistan).

Scientific Program

6. The main themes — surgery, prosthetics, operative dentistry, research and orthodontics — were covered in 10 reports by 43 reporters. In addition there were 111 free communications, 215 table clinics and three round table discussions. Special scientific sessions were also organized by ARPA Internationale and ORCA. Conferences were sponsored on epidemiological studies of periodontic diseases, the conduct of controlled clinical trials, and the epidemiology of oral cancer and pre-cancerous lesions. Over 800 exhibits displayed the latest equipment, materials and related dental products.

Dental Health Centre

7. As a result of contributions amounting to approximately \$21,000, received mainly from outside sources, a Dental Health Centre was organized within the Congress. Canadian divisions of Bristol Myers, Colgate-Palmolive Limited, Lever

Bros., and Procter and Gamble were among the commercial contributors to this important project. The program of the Centre began with a World Conference on Dental Health Education and continued with seminars on dental health education in Australia, Argentina, Sweden, the Netherlands, the United Kingdom, Germany, France, the U.S.A., Malaysia, Japan, Finland, Switzerland, *Canada* and Mexico. The exhibition showed the dentist/population rates throughout the world, varying living conditions, the prevalence of dental disease and the resources for controlling it, the role of dental health education, results of effective action and sources of information. Dr. Ralph Connor, Chief of the Dental Division, Department of National Health and Welfare at Ottawa, conducted the seminar on dental health education in Canada and was highly complimented for his contribution to the program.

Military Program

8. Seventy-two military delegates from 32 countries attended the International Military Conference held in conjunction with the Congress. The main theme of the reports was identification by dental means. There was also a display of recently developed field dental equipment by the U.S. and Netherlands military dental services, a reception at the Cercle Militaire and a visit to the Aeronautical Medical Centre. Brigadier B. P. Kearney and Lt. Col. L. A. Richardson represented the Royal Canadian Dental Corps at the Conference. Brigadier Kearney was appointed an adviser to the Commission on Armed Forces Dental Services.

New Officers

9. Dr. W. Stewart Ross (United Kingdom) was installed as President of the Federation for a two-year term succeeding Professor P. O. Pedersen of Denmark. Dr. J. Stork (Netherlands), who has been Treasurer of FDI for many years, was elected President-elect and Dr. R. Braun (Germany) is the new Treasurer.

Canadians Honoured

10. During the Congress two Canadians were honored for their distinguished services to dentistry.

Dr. D. W. Gullett (Toronto) was made an Associate Member of Académie Nationale de Chirurgie Dentaire, and

Dr. G. Ratté (Quebec City) was presented with the Medal of Honor of the City of Paris.

Membership

11. With the addition of Australia, for whom membership status was changed from corresponding to voting, and Brazil, Morocco and Singapore, the Federation now has 62 full member and six corresponding member associations in 58 countries.

FDI History

12. *The Story of the Fédération Dentaire Internationale 1900-1962*, by John Ennis, has been completed and published. Books are available through the office

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of the Secretary-General, 64 Wimpole Street, London W. 1, England, for \$7 per copy.

Revenue

13. The Federation, having faced two consecutive deficit budgets, agreed to seek more income from member associations rather than curtail its important program. It was agreed that a 50 per cent increase in subscription rates of the associations should be implemented over a three-year period. The first increment of 20 per cent will come into force on January 1, 1968. A second increment of 20 per cent is proposed for January, 1969, and a third of 10 per cent January, 1970. The Canadian delegates, while not opposing this plan for increasing the Federation's revenue, were of the opinion that the plan should be reviewed after the first increase was implemented. A resolution was subsequently approved that directed the Executive Committee to make a comprehensive study during the coming year of the Federation's subscription structure, taking into account the problem of the very small associations and those in the developing countries. The results of the survey are to be sent to member associations before the 1968 annual session so that delegates may at that time review the increases proposed for 1969 and 1970 in light of the survey findings.

14. As a further source of increased revenue a category of "Friends of the F.D.I." was created to give agencies outside the dental profession, but nonetheless concerned with improving dental health, the opportunity of contributing to international efforts to raise the level of dental and total health of people throughout the world. In return for their financial support, industrial concerns, trusts, foundations and philanthropic organizations will be included in the list of "Friends of the F.D.I." and receive appropriate recognition.

Educational Interchange Program

15. Guidelines were approved for the establishment of an F.D.I. Educational Interchange program. Implementation of this program is expected to be slow and initially only individuals entirely involved in teaching and research in countries selected by an advisory committee will be included. The F.D.I. headquarters will act as the chief administrative office.

Specialization in Dentistry

16. The Commission on Dental Practice recommended an updating of the principles of specialization as approved by F.D.I. in 1963. Dr. W. G. McIntosh (Canada), Dr. M. K. Hine (U.S.A.) and Mr. B. Duane Moen (U.S.A.) were asked to carry this project forward.

Election

17. Dr. W. G. McIntosh was elected a member of the F.D.I. Commission on Dental Practice.

Organization

18. The Paris organizing committee, under the presidency of Dr. Edouard Rand

of Lyon with Dr. Jacques Charon of Paris as Secretary-General, assumed the gargantuan task of arranging and dovetailing the many scientific, business and social events of the Congress. Among the latter a night at the opera followed by a buffet and dancing at the Bois de Boulogne, a banquet in the stables of the Chateau de Chantilly and an evening at a Paris Music Hall were special attractions.

Supporting Members

19. Supporting members in F.D.I. are legal dental practitioners in the country of their residence whose application has been approved by a member association. Supporting membership entitles one to receive the *International Dental Journal*, the F.D.I. *News Letters*, special privileges at Congresses and is essential for registration at annual sessions. As of June 30, 1967, there were 158 Canadian dentists listed as supporting members.

Future Meetings

20. Annual Sessions

1968 — Varna, Bulgaria — 17th-22nd September

1969 — New York, U.S.A. — 11th-18th October

1970 — Bucharest, Rumania — September

XVth Congress

1972 — Mexico City

EMBLEM FOR DENTISTRY

Specifications

1. (1) The emblem should be symbolic of dentistry as a health profession.
- (2) The emblem should be simple so as to permit enlargement or reduction without obliteration of the details.
- (3) The design should feature symbols emanating from a single source or period and not from different unrelated sources. The symbols should, for example, be wholly Greek or wholly Arabic, but not a mixture of both.

The emblem should be suitable for legible reproduction.

The emblem should be adaptable for use in colour.

Description of Suggested Emblem

2. The design uses as its central figure a single serpent coiled around a club-like staff. The Greek letters delta and omicron form the periphery of the design. When printed in full colour the background is in green, the letter omicron is in gold, the letter delta is in black, and the serpent and staff are outlined in black on the green background.

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Comments

3. The rod or staff with a single snake entwined around it appears in ancient representations of Aesculapius, the god of healing, and is the only true symbol of the healing arts. The “caduceus” with its winged staff and two intertwined serpents, sometimes used as a medical emblem, is actually without healing relevance since it represents the magic wand of Hermes or Mercury, the messenger of the gods and the patron of trade. The symbol of Aesculapius appropriately identifies dentistry as one of the health sciences. The position of the staff and serpent vary in different emblems. In this design the serpent is inverted to blend harmoniously with the letter delta.
4. Omicron, the fifteenth letter of the Greek alphabet, symbolizes a luminous ring, a halo or a group of persons surrounding a centre of interest. The letter also has a reference to the universe and in this widened meaning can reflect the unlimited services of a profession.
5. Delta, the fourth letter of the Greek alphabet, has many meanings, chiefly geographical and astronomical. In this emblem it denotes dentistry.
6. Some past emblems have featured complicated designs which are difficult to reproduce or which include symbols from several unrelated sources. One of these features 22 acacia leaves (for the permanent teeth), 20 berries (for the deciduous teeth), an Arab cautery and a serpent. The details of this design are obliterated when it is reduced in size. Another emblem features the Roman letter D superimposed on the Greek letters delta and omicron — an illogical mixture of symbols.
7. The emblem must lend itself to enlargement (as a wall plaque) or reduction (on letterhead) without obliteration of the design. The emblem must also be suitable for adaptation by any dental organization wishing to use it. An organization could, for example, incorporate its name above or below the periphery of the letter omicron.
8. Lilac, the official academic colour of dentistry, is difficult to reproduce. Almost any other colours can be adapted to the emblem. Green and gold are the representative colours of the Canadian Dental Association. Although nothing in the design of this emblem associates it specifically with the CDA or any other dental association, these colours can be readily used with the emblem.

Don W. Gullett
F. W. Compton



COMMITTEE ON DENTAL AUXILIARIES FORMED

1. OTTAWA — The formation of an ad hoc committee to study all aspects of dental auxiliaries was announced today by the Honourable Allan J. MacEachen, Minister of National Health and Welfare.
2. The committee was initiated by the Advisory Committee to the Minister on Dental Health and formed with the co-operation of the Canadian Dental Association. Members will study all aspects of dental auxiliaries, especially as to the possible contribution auxiliaries could make in helping achieve better dental health for Canadians.
3. This committee of multi-disciplinary memberships, both lay and professional, is involving in an organized way a level of knowledge and talent that has never before been concentrated on the major problem of finding solutions in this important component of the total health field.
4. The composition of the committee is as follows:
 - (1) Chairman — The Honourable Dalton C. Wells, Chief Justice of the High Court of Ontario.
 - (2) Four dentists representing private practice, nominated by the Canadian Dental Association — Dr. J. F. Reid, North Vancouver, British Columbia; Dr. M. A. Kamienski, Scarborough, Ontario; Dr. J. G. Belanger, Montreal, Quebec, and Dr. C. E. Dexter, Halifax, Nova Scotia.
 - (3) One member representing dental education nominated by the Association of Canadian Faculties of Dentistry — Dr. C. W. B. McPhail, Assistant Dean, College of Dentistry, University of Saskatchewan, Saskatoon, Saskatchewan.
 - (4) One member representing dental public health nominated by the Canadian Society of Public Health Dentists — Dr. Murray Hunt, Director, Division of Postgraduate Dental Education, Faculty of Dentistry, University of Toronto, Toronto, Ontario.
 - (5) Nominated by Chief Justice D. C. Wells, one member representing the consumer — Mr. Cleve Kidd, Executive Vice-President, Canadian Air Line Pilots' Association, Montreal, Quebec.
 - (6) One member representing the broad field of public health — Dr. G. D. W. Cameron, Peterborough, Ontario, formerly Deputy Minister of Health, Department of National Health and Welfare, and currently president of the Victorian Order of Nurses.
 - (7) One member representing dental auxiliaries — Dr. Marjorie Jackson, Director, Division of Dental Hygiene, University of Toronto, Toronto, Ontario.

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- (8) Ex officio members of the committee are Dr. J. N. Crawford, Deputy Minister of National Health, and Dr. R. A. Connor, Chief of the Dental Health Division, Department of National Health and Welfare.
- (9) Additional members may be added if felt necessary.
5. An organizational meeting was held recently in Ottawa with the next meeting scheduled to take place on June 21.
6. Among other activities it is expected that the committee will be requesting briefs from various health and lay organizations, to assist in recommendations the committee may make regarding dental auxiliaries.

Appendix I

REPORT OF SUBCOMMITTEE ON PRESIDENTIAL
RESPONSIBILITIES

1. During April and May the subcommittee conferred by mail upon the subjects assigned to it.
2. The members of the subcommittee wish to emphasize that the guidelines or recommendations which follow are designed to be open-ended, not constrictive and are not to be construed as definitive and limiting on the president's prerogatives.

Social Obligations

3. (1) *Annual Meeting*

- (a) The new scheduling format with the Board meeting starting on Monday morning may allow a president's cocktail party to be held on the Sunday evening provided provincial drinking laws permit it. This would automatically limit attendance to governors, committee chairmen and staff.
- (b) The use of the president's suite for entertainment has been undefined in the past and it has been overburdened as a consequence. In future it should be used for the noon aperitif during the Board meeting and for such additional purposes as the president and secretary may decide. Head table assembly should be relegated to the Convention Host Committee. It is quite possible that the wives of the officers may find use for the suite from time to time.

(2) *Throughout term of office*

- (a) In future, when attending regional or provincial meetings, the president and/or secretary should have a suite rather than a standard double room as in the past. There is usually some good reason for having a meeting in the room and the amenities of a suite are more suitable from all points of view than those of a standard room.

- (b) The same practice as in (2) (a), above, should apply to the ADA meeting. Our officers would then be able to entertain their opposite numbers in ADA on occasion or members of CDA in attendance particularly if they are corporate member officers.
- (c) The president may be required to entertain officially or do other business in his home or home town. Expenses so incurred should be chargeable to CDA.

President's Tour

4. (1) *Objectives of Tour*

- (a) To appear in person before representative groups of the profession.
- (b) To make personal contact in their home territory with governors, committee chairmen, corporate member officials and equivalent personnel.
- (c) To discuss problems and communicate generally with such people.
- (d) By means of formal addresses and informal conversation to give reality of CDA to the membership who may have only vague ideas of its existence and purposes.

(2) *Locations*

- (a) Problems of scheduling will affect choice of location for presidential visitations and are unpredictable.
- (b) In general, visits should be to large groupings, such as provincial association meetings or regional association meetings in order to contact the largest number possible. For very large gatherings such as ODA, effectiveness may be less than for regional or local society appearances.
- (c) Visits to provincial meetings scheduled separately from a regional meeting should in certain circumstances be attended but care must be taken to avoid establishment of "traditions" which are difficult to terminate without offence.

(3) *Effectiveness*

- (a) Effectiveness, in some degree, is related to the length of the visit. A minimum of 24 hours and a maximum of 48 may be a good limit.
- (b) Assurance of opportunity for delivery of an address at a meeting or meal specifically scheduled for the purpose should be a condition of acceptance of an invitation.
- (c) The subject of an effective address may be on a general theme or on a number of specific points depending to a large extent on the questions before the profession and to a lesser extent on the preference of the president.
- (d) The effectiveness of communication will vary with the personality of the president and the audience will judge different men, favorably or otherwise, by varying criteria from year to year. The

Appendix I

only judgment CDA can make on presidential invitations is whether they average out favorably.

- (e) It is very likely that the most effective contact will be on a personal basis, informally. Hence the time factor mentioned in (3) (a).

(4) *Limitations on President's time*

- (a) The president is a voluntary servant of the profession and must judge, therefore, when his personal interest and that of his family are being too greatly infringed upon. A time consumption of three months away from home might be a reasonable estimate for recent years.
- (b) The question of an honorarium for the president consistently obtrudes into consideration of the subject. The subcommittee is in accord with the decision of a subcommittee of two or three years ago that an honorarium for the president is, at least for the present, undesirable.

The Board accepts the contents of *Appendix I* with the exception of paragraph 4 (4) (b) which states that

“ . . . an honorarium for the president is, at least for the present, undesirable.”

The Board disagrees with this statement.

(5) *Format of the tour*

- (a) Reference is made to paragraph 4 (2) of this report.
- (b) Ideally the president should be seen in all parts of the country during his term of office. Practical considerations may limit this concept but in order to emphasize the national nature of the office and of the Association a Western president should cultivate the East and an Eastern president the West. A president concentrating inequitably on his own environment could very well be a divisive influence.
- (c) By the nature of things it is desirable that the president pay particular attention to sensitive areas of his national constituency, i.e. places where restlessness and dissatisfaction with CDA are evident. In such instances both president and secretary should attend such gatherings as are available to them and which other commitments permit.
- (d) As far as the more routine visitations are concerned the president and secretary can make a division of responsibility taking care that, from year to year, the pattern varies.

Remy Langlois
J. P. Coupland
P. S. Christie, *Chairman*

Appendix J

REPORT OF SUBCOMMITTEE ON TAXATION — MAY 21, 1968

1. At the present time most of the activity which concerns this committee with

respect to incorporation of practice seems to be taking place in Ontario. In this province changes in the Company Law are contemplated. The executive secretary to the Provincial Secretary has promised to advise us of the draft legislation proposed and the date of meeting of the standing committee which will hear any presentations on this subject. We have not heard from this person as of the time of writing this report.

2. Letters are going forward to the registrar secretaries of the corporate members asking them if they would take note of any activity with regard to the question of incorporation of dental practice in their provinces and advise the chairman of this subcommittee of the same and discuss it, if they will, at a meeting to be arranged during the Board of Governors meeting in Vancouver. As a result of this meeting the committee would hope to establish guidelines or an attitude which the Canadian Dental Association might take with respect to incorporation of dental practice.

3. Action in these matters is of course up to corporate members themselves as company law may vary in different provinces.

4. The chairman of the subcommittee has given some thought to the question of tariffs on dental supplies and equipment and is awaiting a suitable time to arrange for an appointment with the secretary, Canadian Dental Association, and the proper federal agencies.

H. N. Beach,
*Chairman, Subcommittee on Taxation,
Canadian Dental Association*

Appendix K

TAXES ON DENTAL ITEMS

1. It is apparent from letters and comments received at headquarters that certain members of the profession think the Association has been dilatory in respect of efforts to have various taxes on dental items removed. A brief explanation of pertinent activities is therefore in order.

2. Dental items may be subject to one or more of three types of tax.

- (1) Excise Tax — a luxury tax on items claimed as cosmetics
- (2) Tariff or Duty — an import tax on goods brought into Canada
- (3) Federal Sales Tax — a tax on manufactured goods
- (4) Provincial Sales Tax — is also added on certain items but will not be considered further here

3. Over many years the CDA, other dental organizations, dental trade organizations collectively and individually, faculties of dentistry and private practitioners have made representations to the federal government to have certain taxes removed. For the CDA and the dental dealers this is a continuing activity.

Appendix K

4. As a result of these efforts x-ray equipment has long been exempt and in 1955 import duty on dental equipment such as dental units, chairs, engines and cuspidors, was removed. The duty had ranged in the 25-35 per cent area. *Airotors* and *Airotor* handpieces were later added to this list. In addition dental instruments used exclusively in the mouth, including mounted points, pliers, x-ray films, handpieces, syringes, burs, mandrels, etc., have gradually been added to a list of items that are both duty free and exempt from federal sales tax.

5. A lengthy list of items, used in providing dental services but also used extensively in industry, still carry both duty and 12 per cent federal sales tax. There is an additional list of purely dental items, such as impression pastes, for which no specific tariff item exists in our customs laws.

6. Progress is slow for this last group of items but not at a standstill. For example, sales tax on unmounted teeth has recently been removed, and all materials used in the manufacture of dentures, including impression materials, are now under review. Duty on acrylics used as denture base materials has been removed in the past year. Last September, the 12 per cent sales tax on all anaesthetic solutions was removed and recently the excise tax on tooth cleaning paste and tooth cleaning tablets intended for professional use only was eliminated.

7. The tariff board at Ottawa has a study and report under way on tariffs for medical and surgical items. It is expected the report will be tabled about midsummer. The report will be scrutinized with care and appropriate observations made to the tariff board.

8. A tariff specialist has been consulted by CDA and is assisting in the preparation of other presentations to both the sales tax division of the Department of National Revenue and also the tariff board at Ottawa.

9. In addition a subcommittee on taxation of the Executive Council has been appointed to oversee and participate in all matters relating to taxes associated with the practice of dentistry. This subcommittee through its chairman is in contact with the Department of Finance at Ottawa. It will assist in giving the dental profession proper representation before appropriate tariff and federal sales tax boards.

10. In summary it is evident that considerable progress in reducing tariff and federal sales taxes on dental items has been made as a result of efforts of organized dentistry, individual practitioners, members of the dental trade and certain faculties of dentistry. It also appears that the legitimate aspirations of the dental profession with respect to a reduction or elimination of duties and taxes on items essential to the provision of quality services to the Canadian community are being handled with expediency.

The Board recommends that, in view of its widespread interest, the content of Appendix K be published in the Journal.

REPORT — ADVISORY COMMITTEE ON COMMERCIAL INSURANCE

1. The Advisory Committee met on June 10th to consider the report of the Wyatt Company on the study which had been commissioned in March, 1967, jointly by CDA and ODA.
2. The main recommendations of the report were as follows:
 - (1) The use of master contracts.
 - (2) The master contracts to be operated on the retention principle.
 - (3) The adoption of uniform schedules of coverage. (The author of the report stated that this meant that there should be uniform coverage from province to province except to the extent that regional or area differences might be more practical in some cases.)
 - (4) The merging of the programs so that there would be only one master contract for each "kind" of insurance.
 - (5) The use of a single administration organization.
3. Regarding (1), (2) and (4) above, the Steering Committee and Mr. Cooke, of the Wyatt Company, met with representatives of the four insurance companies involved on May 20th. The insurance companies agreed to attempt to negotiate merged plans, i.e. merged life plans, merged office overhead plans and merged income protection plans. They all expressed the opinion that such mergers are possible but left no doubt that the process would be difficult and would probably take some months to accomplish. They agreed to begin negotiations when directed to do so by the respective Associations to whom they are contracted.
4. Mr. Cooke of the Wyatt Company expressed concern in the report and verbally that pamphlets and brochures issued by the Associations might have inadvertently committed the Associations to financial obligations, that statements might have been made which were not covered in the insurance contract or that statements might have been made from which incorrect financial inferences could be drawn. He suggested that the Association solicitors should be asked to check all promotional insurance literature for these defects. CDA has done this and the solicitor has stated in a letter that he finds no such obligations to exist. It is understood that ODA will conduct a similar study. It is, of course, apparent that such clearance must be established before merger so that neither organization will find itself sharing in the results of the other's errors.
5. The Committee spent the day of June 10th organizing its thoughts and opinions in preparation for a joint meeting on June 11th with the ODA Insurance Committee. Since the ideas so produced were modified considerably by the joint meeting it is pointless to report them here and only the agreed upon proposals are produced below.
6. The joint meeting occupied most of the day of June 11th.

Appendix L

- (1) A set of "Requirements" were agreed upon which, upon directives from the Associations, will be presented to the insurance companies as a guide and objective to them in their negotiations upon merging the insurance plans. A prime objective was to protect the position of those already insured in the various plans so that all will be at least as well off under the proposed new plans as under those currently in effect. The "Requirements" appear to be self-explanatory and are attached as an Appendix L1.

Steeves — Copeland

Moved that the requirements for merger of the CDA and ODA Group Plans as attached be hereby adopted and are to be forwarded by the Association to the respective insurance companies as a directive to draft proposals for a merger of group plans and that the Secretaries, subject to directives from their respective Associations, forward the above requirements to the appropriate insurance carriers with an explanatory letter.

- (2) A motion was passed requesting of CDA establishment of a standing insurance committee directly responsible to the Board of Governors. The motion is as follows:

Munsie — Spence

That the CDA be requested to consider the establishment of a standing committee on commercial insurance and that this committee have as one of its terms of reference the responsibility for the administration of the proposed merged group insurance plans.

And further that this committee be composed of seven members, one each from B.C., the three Prairie Provinces, Quebec, the Atlantic Provinces, and three from Ontario.

- (3) With reference to Requirement 9 a motion was passed defining Terms of Reference for the ad hoc committee:

Rasmussen — Marshall

Terms of reference for ad hoc committee:

- (1) To liaise with insurance carriers in developing merged group programs in accordance with the agreements of the joint meeting of the CDA and ODA Insurance Committees on June 11, 1968;
- (2) To develop specific proposals for the collection of premium function, relative to the merged group plans.
- (4) A further motion defined the method of appointing the members of the ad hoc committee.

Marshall — Wright

That the President of CDA and President of ODA name two representatives on the ad hoc committee.

7. Regarding paragraph 2(5), it was agreed that the new collection agency should concern itself only with collection of group insurance premiums (See

Motion in paragraph 6(3). This agency is to be an “internal” agency, i.e. one administered and controlled by the profession.

8. The ad hoc committee will have the responsibility for developing the detail under the general terms of the agreements reached.

9. While the directive from the Executive Council meeting of February, 1968, was the stimulus to the committee to join in effecting the agreements recorded in this report no direct answer is given at this time to the requirement of changing the insurance “Policy Statement.” This can be more effectively done when the detail has been developed by the ad hoc committee and agreed to by the Association. No difficulty is anticipated in amending the “Policy Statement” to accord with the new policy.

10. Other matters requiring attention of the committee were dealt with on the evening of June 10th.

11. The new provisions of the Trust Agreement between CDA and the Royal Trust Company as approved at the meeting of February 1 and 2, 1968, had been incorporated in a draft trust agreement prepared by Royal Trust. The CDA solicitor had considered the draft and had made certain comments, as had Mr. Staddon. The committee considered these comments and along with some of its own, produced a series of minutes which are not reported here. These minutes are aimed at giving clear effect to the minutes of the February meeting and do not change anything agreed upon at that time.

12. The Royal Trust Company had prepared a study of the relative value to the participant of using a monthly and a quarterly evaluation for investment of the Trust Fund. The study indicated an advantage to the participant of investment on a quarterly basis. The motion is as follows:

Rasmussen — Wright

That the CDA Retirement Savings Plan continue using a quarterly valuation for investment of funds into the plan.

13. Two investment companies had requested that CDA direct Royal Trust to allow them to be investment advisers to the R.S.P. Trust Fund. Consultation with them and with Royal Trust had produced no evidence of any advantage accruing to the Fund by acceptance of these proposals and they were rejected.

Steeves — Wright

That our Retirement Savings Plan funds continue to be invested by Royal Trust without the aid of an investment adviser.

Mr. Staddon reported that the CDA R.S.P. Trust Fund has performed extremely well of late.

14. Concerning the Thorne Group Audit:

(1) The CDA solicitor interprets the U.S.F. & G. Fidelity Bond as covering

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the administrator in his dual capacity of director and manager. However, on his advice, and to make sure, the U.S.F. & G. have been requested to insert a statement to this effect in the contract.

- (2) As to insuring assets held in Royal Trust Deposit Certificates Mr. Watson, the CDA solicitor, states: "The Royal Trust Company, however, is an organization of such financial stability that bonding it would appear to be neither necessary nor reasonable."

These are the outstanding items from the Thorne Group Audit and it appears that no further reference need be made to that operation.

15. The CDA solicitor gives it as his opinion that the CDA could be held responsible to a third party injured by a vehicle not owned by CDA but driven by an employee of CDA and on CDA business. The committee had previously instructed that purchase of a policy covering this eventuality be made if the solicitor felt it to be necessary.

Respectfully submitted,

P. S. Christie,
*Chairman, Advisory Committee
on Commercial Insurance.*

Appendix L1

REQUIREMENTS

1. That the Ontario and Canadian bodies provide evidence that their pamphlets, brochures, and publicity do not involve the Associations in financial obligations.
2. That, in the future, all Dental Association group plans provide evidence that their pamphlets, brochures, and publicity do not involve the Association in financial obligations.
3. That future coverages, benefits, etc., encompass the best features of those prevailing in current CDA and ODA group plans.
4. That the new premiums for the new benefits compare favourably with the premiums for the current CDA and ODA plans.
5. That the group plans be developed on a retention basis.
6. That all members presently covered under CDA and ODA group plans be automatically continued under the new plan with no reduction of benefits.
7. That the new group plans resulting from the merger of the present CDA/ODA programs replace the group plans presently being offered to the profession.
8. That the group plans be developed under master contracts with the right

to cancellation of any plan by the underwriters limited to not less than one year and that a substantial period of rate guarantee be included.

9. That the joint CDA/ODA Committee will set up a subcommittee to liaise with the insurance carriers in formulating merged group plans that will embrace the better aspects of the present policies.

APPROVED

REPORT OF THE SUBCOMMITTEE ON CONVENTIONS

1. This committee has had three meetings since its creation by the CDA Executive Council in February, 1968. The committee reports the following policy decisions for your consideration.

- (1) The dates for all CDA National Conventions would be in a period between September 15 and October 31 in each year.
- (2) Sites for CDA National Conventions would be predicated upon the recognition of five areas or districts, viz. Ontario, Quebec, British Columbia, the Prairie Provinces and the Atlantic Provinces. Considered on an 11-year cycle, the conventions would be held in the ratio of Ontario four times, Quebec three times, British Columbia twice, and once each in the Prairie and Atlantic Provinces. Thus the suggested 11-year cycle could be:
 - 1968 — Vancouver
 - 1969 — Montreal (combined CDA and host society meetings)
 - 1970 — Winnipeg
 - 1971 — Ontario (Windsor) (The first all-CDA convention)
 - 1972 — Atlantic Provinces
 - 1973 — Ontario
 - 1974 — Quebec
 - 1975 — British Columbia
 - 1976 — Prairie Provinces
 - 1977 — Ontario
 - 1978 — Quebec
 - 1979 — British Columbia
 - 1980 — Ontario
 - 1981 — Quebec
- (3) The 1971 meeting in Windsor is scheduled for September 27th to October 2nd.
- (4) It is recommended that the principle of utilizing a professional convention service to manage, under the direction of the conventions subcommittee, any or all such matters as
 - (a) exhibits
 - (b) registration

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- (c) publicity
 - (d) convention printed program
be approved.
- (5) That the area to be host to the CDA Convention be assigned duties such as:
- (a) host activities and social events
 - (b) housing — for both convention and Board of Governors meetings
 - (c) table and projected clinics from the area
 - (d) transportation when required
- (6) That the CDA retain a strong central committee to provide essayists and group clinicians — co-ordinating and drawing heavily upon specialty groups and sections of the CDA.
- (7) The establishment of a completely revamped format for the convention is recommended. Preliminary examples of such a format entail: a broader horizon of exhibitors; removal of the noon hour luncheon except to allow greater material economies plus the economy of time; official transfer of presidency or presentation of honorary memberships to be accomplished either at the Board Meeting or at the President's Banquet and Dance.
- (8) The policy of a national convention presenting Canadian dentistry as a showplace should be followed and be augmented, of course, by presentations by international confreres. The objective must be to create a meeting of outstanding quality.
- (9) At the direction of the Executive Council the committee has considered the issuance of an invitation for the American Dental Association to meet with the CDA in Canada. As such, following consultation with the necessary groups in Montreal, it is recommended that an invitation be extended to the ADA to meet in that city in the fall of 1974.
- (10) Further, that consideration be given to an invitation to be extended to the FDI to meet for a Congress in Toronto in 1977.
- (11) The 1971 Windsor CDA Meeting is fast approaching — urgency exists to initiate policy matters, especially as related to publicity. It is incumbent on every member of the Board of Governors of the CDA to begin publicity on every aspect of this meeting and to provide Dr. Ted Wachna, the chairman, with the assistance he needs to create what must undoubtedly be an outstanding convention.

J. D. Purves, *Chairman*
M. Cornish
W. Spence

TRUSTEES: *J. D. McLean, Chairman, Halifax; Louis P. Lepine, Montreal; Harvey W. Reid, Toronto; M. J. Lipkind, Calgary.*

REPORT

Mr. President and Members of the Board of Governors, and Canadian Dental Association:

1. It is my privilege again to present a report from the Canadian Fund for Dental Education to this senior body of Canadian dentistry, and to express personally our very deep appreciation for the continuing and generous interest and assistance which has been provided by your Association.

2. The Annual Meeting of the Fund was held at the Canadian Dental Association Headquarters in Toronto on March 18 and 19, 1968. At the outset the Chairman welcomed Dr. Maxwell J. Lipkind of Calgary to his first meeting as Trustee. Dr. Lipkind is an extremely active member of the dental profession in his area, having held several of the senior important offices in dental organizations of Western Canada. In other ways, too, Dr. Lipkind has been an active citizen in his community and we look forward to his participation in the development of the Fund which will benefit greatly from his broad experience.

3. It was with regret that the Trustees received the resignation of one of its founding Trustees, Dr. Wesley P. Munsie, who found it necessary to relinquish his post on assuming the Presidency of the Canadian Dental Association. We wish to acknowledge most sincerely his interest and efforts on behalf of the Fund, interests which we hope he will find it possible to continue in other ways through the coming years.

4. Contributions to the Fund increased by 25% over those in 1966. The receipts totalled more than \$39,500.00, and represent a one hundred per cent growth since 1965. After a 12% decrease in 1966, Dental Organization contributions showed renewed strength being up 21%. Funds from the dental profession showed a 15% increase compared to a 587% increase in 1966. In 1967, however, only 3% of the dentists contributing gave more than once, while in 1966 over 25% donated twice. The number of dentists contributing increased from 289 to 356 from a potential 6,494 dentists in Canada. Companies increased their support by 29% and "In Memoriam" contributions moved forward for 1967 by 32%.

CONTRIBUTION GROWTH 1965-1967

	1965	1966	1967	% Growth 1965-66	% Growth 1966-67	% Growth 1965-67
Business and Industry	\$ 9,143	\$16,918	\$21,699	84	29	137
Dental Organizations	8,689	7,605	9,187	(12)	21	6
Dentists	812	5,581	6,461	587	15	696
In Memoriam	1,188	1,697	2,237	43	32	88
	<u>\$19,832</u>	<u>\$31,702</u>	<u>\$39,584</u>	<u>60</u>	<u>25</u>	<u>100</u>

FUND FOR DENTAL EDUCATION

The contribution growth table shows an encouraging development of resources, but in relation to need and potential for securing support, the degree of success is still very modest. For example, the individual contributions from dentists amounting to \$6,461.00 is slightly less than \$1.00 per dentist, given by less than 6 per cent of the dentists in Canada. A \$6.00 contribution from each dentist in Canada would nearly equal the total contributions from all sources during 1967. Would it be unrealistic to seek a \$10.00 annual contribution from every dentist in Canada? An achievement of this kind would have a number of benefits.

5. Late in 1967, and again in 1968, the Executive Director and the Chairman initiated a move to broaden the base of support for the Fund. To that time solicitation had been restricted to members of the dental profession, dental organizations and business and industry directly related to the provision of dental service. In an effort to determine the interest and the best method of approach to other types of business and industry, a few representative firms in the Toronto area were selected, with most revealing results. In almost every instance there was no difficulty in gaining access to a senior official of these Companies, in most cases the President himself. Perhaps the most striking feature was the unusually high degree of interest exhibited by those with whom we met. On reflection, this should not be surprising for, unlike the experience of other voluntary societies, almost everyone had or does have personal dental problems and frequently is directly involved in the dental health of his family. Moreover, this was the first time that any of them were aware of the existence of a voluntary charitable organization exclusively concerned with improvement of dental health on a national scale. As an unexpected side benefit, there was a very distinct impression that the efforts of the Fund provide tremendous potential in public relation for the profession of dentistry. Clearly there was an unusual degree of interest. Equally clear was the point that we were dealing with intelligent people who, despite their sympathies, were not prepared to assist until a demonstrated need and the stability of the Fund had been established. Obviously, it will be necessary to build a strong case over a period of time before substantial gifts can be anticipated. Two of the first questions asked by everyone interviewed were "What are your financial goals?", and "To what extent are you being supported by members of the profession." The latter question makes it quite certain that the number of dentist contributors is of equal, if not greater, importance than the dollar value of contributions from the profession. To this end the Trustees are directing major efforts in the current year. These efforts can be greatly enhanced by members of the Board of Governors and all others interested in the Fund, if only by taking frequent opportunity to bring the need to the attention of their colleagues.

6. In order to ensure continuity of operation and to be able to fulfil all obligations, an organization such as ours must build an adequate capital reserve. In the case of the Canadian Fund for Dental Education, this reserve equals the total estimated expenditure for a one-and-a-half-year period, which in 1968 means a sum in excess of \$96,000.00. Due mostly to contributions during 1967, the Fund is finally able to meet this commitment.

7. During 1967, and again in 1968, the Trustees allocated \$4,000.00 to the

newly created Association of Canadian Faculties of Dentistry. That Association contributes to Canadian dental education as the single agency of communication among Canada's nine dental schools. During 1968 the Fund's contribution will be used to assist in securing a full-time secretarial aide and for the scientific session of their Annual General Meeting to be held in connection with the opening of the new dental school at the University of Western Ontario. In the belief that the aims and objectives of the two organizations are inextricably linked, the Fund has strongly supported ACFD since its formation in 1966. CFDE has now made awards totalling \$9,000.00 to this new Canadian educational organization.

8. Trustees set aside an amount of \$33,500.00 to provide fellowships to selected candidates preparing for teaching careers in Canada, and 19 graduate dentists have been selected to receive assistance in varying amounts, depending on need. Since 1964, the CFDE has awarded \$59,035.00 in fellowships, 65% of its total allocations, to 27 dentists to enter teaching careers. The eight recipients of support who have completed their course of studies since 1963 are all teaching in Canada. During the early 1970's, it is the Fund's desire to increase the total number of dentists assisted many fold. For a start, in 1968 CFDE intends to invest funds in dental education fellowships that will exceed the total of the last three years combined. It is urgent that we help to meet the need of the dental faculties for teachers as soon as possible.

9. The Trustees wish to acknowledge their indebtedness to the Advisory Committee on Fellowship Selection under the chairmanship of Dean J. W. Neilson of the University of Manitoba. They have fulfilled their role with a high degree of wisdom, skill and understanding. Dr. Neilson is supported in his efforts by Dr. W. G. Campbell of the University of Manitoba in Winnipeg, Dr. W. H. Feasby from the Faculty of Dentistry of the University of Western Ontario, and by Dr. M. C. Johnson of the University of Toronto. The addition of Dr. Johnson to the Committee for this year was made on the nomination of the Council on Research of the Canadian Dental Association. This action represents one of the efforts to establish a closer liaison between that body and the Fund and is in accord with the expressed desire of your Board of Governors and the wishes of the Trustees themselves. Such liaison is of greater significance because of the decision made at your last annual meeting which was to entrust the officers of the Fund with fellowship support previously provided through the Council on Research. We are grateful for your interest in this further measure of your confidence in the activities of the Trustees.

10. Unrestricted grants to Canada's nine dental schools will increase from \$4,500.00 to \$6,750.00 in 1968. These funds are used by the Deans to meet educational needs for which provision could not be made in the budgets of dental faculties. The purchase of additional teaching aids, the attendance of staff members at special teaching and research conferences are just some of the ways dental education is being advanced with the Fund's money. Since 1965 CFDE has awarded \$23,250.00 in unrestricted grants to the dental schools.

11. In view of the limited funds available, the pressing need for career teachers,

and on the advice of both the Council on Research and the Advisory Committee on Fellowship Selection, it has been decided to temporarily discontinue the provision of summer studentships, which formerly were offered by the Council on Research of the Canadian Dental Association. No doubt these studentships provided a stimulus to potential teachers and research workers, but unhappily, at the moment other needs must take precedence.

12. Recognizing another area of dental education which is in need of assistance, the Trustees determined that candidates seeking to prepare for careers in dental hygiene education should also be eligible for support through the fellowship program of the Fund. While no applications have been received to date, it is anticipated that this announcement will stimulate hygienists to seek means of advancing their educational standing thereby improving the quality of instruction in the schools of dental hygiene throughout Canada.

13. In conclusion, Mr. Chairman, may I say again how much we do appreciate the co-operation of the Canadian Dental Association. In particular, we should like to note the enthusiastic assistance of your Secretary, Dr. W. G. McIntosh, and of the Editor of the Journal of the Canadian Dental Association, Dr. Frank Compton. If now, or at any other time, the members of this Board of Governors have suggestions to offer relating to the manner in which the Fund is operated, or ways in which the benefits can be improved, you may be assured that all such suggestions will be warmly received and given the most careful attention.

Respectfully submitted,

J. D. McLean, *Chairman,*
Board of Trustees.

MEMBERS: *J. Kreutzer, Chairman, Toronto; R. A. Clappison, Toronto; P. G. Anderson, Toronto.*

REPORT

(comment and action in **bold face type**)

1. The Headquarters Property Committee held several meetings during the year and the following are the highlights of its activities.
2. A detailed inspection of the building was carried out, and it was noted that the repairs and renovations approved last year were satisfactorily completed. With all the rooms repainted, carpets and drapes cleaned, and new carpeting on the side stairs, the interior of the building again has a fresh, attractive appearance.
3. Items of repair, renovation, and maintenance for 1969, were considered, estimates obtained where indicated, and the proposed budget for these was approved.
4. Alterations to the fourth floor of the building, which include plumbing, carpentry and electrical changes were considered, two estimates were obtained and approval was given to the lower estimate.
5. At the direction and under the authority of the Executive Council, this committee is proceeding with the design and manufacture of a memorial plaque, recognizing Dr. Sydney Wood Bradley's munificent bequest to the library. We are working in close consultation with the artist, Mr. J. Carbery of Patterson and Heward to produce a memorial which will be fitting to a long-time benefactor of the Association.
6. The continually expanding activities of the headquarters organization in dental health matters of national importance to our profession is placing additional demands on existing limited staff and space facilities. Reference to this has been made in previous presentations to the Board, but recent studies by this committee indicate that the time is rapidly approaching when we must consider ways and means of dealing with these limitations in order to permit continued expansion of facilities within the present building.
7. A matter of considerable significance before the committee is the preservation of important historical records. To prevent deterioration of such documents, etc., requires storage facilities with proper humidity control. It is doubtful if the present storage vault can be effectively improved by installing an electrical dehumidifier.

Resolutions

8. While this report contains no resolutions, the early need for specific recommendations with respect to anticipated expansion of the headquarters facility is emphasized.

The report is informative; the committee is to be commended for the interest shown in its assignment.

HOSPITAL SERVICES

MEMBERS: *P. T. Smylski, Chairman, Toronto; J. C. Cummings, Ottawa; F. E. Dawe, St. Catharines; A. J. Harris, London; H. S. Jamieson, Moosomin; J. A. Pedler, Toronto; A. Raymond, Montreal; A. E. Swanson, Vancouver.*

REPORT

(comment and action in **bold face type**)

1. Two meetings were held during the year. Additional meetings were held by subcommittees. Distant members have not been requested to attend as the nature of the work undertaken was such that it could be carried out by mail.
2. The Committee approved the dental service at St. Mary's Hospital in Montreal and the Toronto Western Hospital in Toronto.
3. The application form for approval of a hospital dental service was revised (*Appendix A*) with the plan of utilizing this form for a periodic reassessment of a hospital dental service.
4. A questionnaire (*Appendix B*) was mailed to chairmen of provincial hospital services committees with copies to the provincial registrars. The intention is to have a pool of useful information suitable for interchange.
5. The brochure on hospital dental services was published and mailed to provincial registrars and chairmen of provincial hospital services committees. It was mailed to others on request.

Resolutions

6. That the Board of Governors approve the following projects for the Hospital Services Committee:
 - (1) periodic reassessment of previously approved hospital dental services, with the assistance of and in co-operation with the provincial hospital services committees;
 - (2) compilation of accurate information relative to dental services in hospitals, including past and present experiences and utilization of the services, for the purpose of determining adaptations required to meet changing needs;
 - (3) a study of modern mobile and portable dental equipment that may be used in hospitals where dental clinics are not established.

ADOPTED

APPLICATION FOR APPROVAL OF A HOSPITAL DENTAL SERVICE
by
THE CANADIAN DENTAL ASSOCIATION

1. Full Name of Institution
 Year Established Street and Number
 City Zone Province
2. List names of affiliated hospitals (if any)
3. State affiliation, if any, with a medical or dental school
4. Administrative Head
 (name, with proper title)
5. Type of Hospital: General Paediatric Special
 (describe)
6. Ownership and/or controlling body: Lay
 (name)
 Religious Municipal Provincial Federal.....
 (state denomination)
7. Status: Public Private
8. i. Is your hospital accredited by the Canadian Council on Hospital Accreditation?
 ii. Is your hospital approved by the Canadian Medical Association for training of junior interns?
 iii. Do your requirements for appointment to the dental staff meet the Standards for Accreditation of a Hospital Dental Service as set down by the Canadian Council on Hospital Accreditation (ref. Standards for Accreditation of Canadian Hospitals, Second Edition, January, 1963)?
9. (i.) Total number of beds (ii.) Total number of patients admitted last fiscal year (iii.) Average daily census of patients in hospital
10. Does hospital maintain an out-patient department?
11. Total number of out-patient attendances annually in all departments
12. Total number of out-patient attendances annually in the dental service
13. Total number of out-patients treated annually in the dental service
14. What dental services are provided for out-patients

Appendix A

15. Total number of patients admitted as dental in-patients
16. Total number of in-patient treatments by the dental service
17. What dental services are provided for in-patients
.....
.....
18. Total number of interns (exclude dental interns)
19. Total number of dental interns assistant dental residents
..... (specialty)
..... dental residents
..... (specialty)
20. Give title of the individual responsible for the Hospital Dental Service
.....
21. Is the Dental Service organized under the direction of a dentist?
22. Are dentists privileged to practise in the hospital organized as a definite
group or staff?
23. Does your dental staff hold regular meetings? How often?
..... Average attendance
24. Does the dental staff attend hospital staff meetings?
25. What is your procedure for the training of junior dental staff members
.....
.....
26. Total number of employees hygienists
..... registered nurses
..... others
27. Please supply information on all dental staff members. Total number

Name	Degree	Title or Rank in Hospital	Average Hours per Week in Hospital	Year of Appointment

28. Physical facilities
- How much floor space is occupied by the dental clinic?
 - Number of dental chairs dental units
 - Number of dental x-ray machines in dental clinic
in hospital x-ray department
 - How many beds are assigned to the dental department?
 - What facilities exist for seeing and treating dental patients in the emergency department?
.....
.....
 - Is there a continuous day and night dental emergency service?
 - Are operating room privileges extended to all members of the dental staff? to certain members? to oral surgeons?
29. How many hours does the dental clinic operate per week?
30.
 - Do members of the dental staff lecture to student nurses?
 - How many hours per year?
 - How many hours per year does each student nurse spend in the dental clinic?
31.
 - How many dental books are available in your hospital library?
 - To how many dental periodicals does your library subscribe?
32. Enclose and mail with application form
- A copy of rules for the Department of Dentistry of your hospital.
 - Copies of dental record forms of your hospital.
 - A copy of medical and dental staff by-laws of the hospital.

Date
day month year

I hereby make application for approval of the Dental Service

(name of Institution)

Located: Street and Number City

Zone Province which is consistent
with the Canadian Dental Association's *Guidelines for Dental Services in Hospitals*.

Signed: Name Title

Director or Supt. of Hospital

Name Title

Chief of Dental Staff

After completion of the above form, mail to: The Secretary
The Canadian Dental Association
234 St. George Street
Toronto 5, Ontario

HOSPITAL SERVICES

Appendix A

Do not write on this page. To be completed by the Canadian Dental Association

A. Date application received
Documents received Date
1. Rules of the Department of Dentistry
2. Dental record forms
3. Medical and Dental Staff By-laws
4. Other

B. 1. Hospital Dental Department inspected by Date
.....
2. Approved Date
Comments
.....
Not Approved Date
Comments
.....

C. Action Taken
.....
Date
.....
.....
.....
.....
.....

LETTER FROM P. T. SMYLSKI, CHAIRMAN, CDA HOSPITAL
SERVICES COMMITTEE TO CHAIRMEN OF PROVINCIAL
HOSPITAL SERVICES COMMITTEES.
COPY TO PROVINCIAL REGISTRARS

The Canadian Dental Association's Hospital Services Committee is concerned with inadequacies of some provincial acts relative to the establishment of facilities for dental services in hospitals and at this time we are trying to gather information so that we can assist in this direction. This committee, in addition to acting as a clearing house of information on hospital dental services, would like to be in a position to assist in any way it can the provincial hospital services committees. To perform these functions the committee must be knowledgeable about the existing situations and problems of hospital dentistry in each province. Your co-operation, therefore, in providing us with the following information will be very much appreciated.

- (1) Could you please provide us with a copy of the provincial hospital act or of those sections of it pertaining to dental services?
- (2) Are you aware of any pending changes to this act pertinent to dental services?
- (3) Have you evidence of a desire among hospitals in your area to establish dental departments?
- (4) Have you evidence of a desire among dental practitioners in your area to obtain dental facilities in hospitals?
- (5) Are you aware of any problems relating to the acquisition of suitable staff for hospital dental departments?
- (6) What regulations exist in your province regarding the employment of dental interns who do not hold a provincial licence?
- (7) Are you aware of any hospitals in your province which have in the past provided dental facilities which are no longer used?
- (8) In what way could the CDA Hospital Services Committee be helpful in assisting and stimulating your provincial hospital services committee?
- (9) What problems is your provincial committee trying to resolve and what others do you expect to consider?

A copy of the brochure, *Guidelines for Dental Services in Hospitals*, now available, is enclosed for your convenience.

Yours sincerely,

P. T. Smylski, *Chairman*
Hospital Services Committee.

MEMBERS: *J. M. Phillips, Chairman, Oshawa; J. R. Glenny, Toronto; Roger Coulombe, Lachine; K. I. Levinson, Toronto; H. H. Canning, Toronto; L. Bossé, Dorval.*

REPORT

(comment and action in **bold face type**)

1. The Council on Journalism reports the following highlights of the year's activities.
2. Council welcomed a new member, Dr. L. Bossé from Dorval, Quebec.
3. The advertising Manager, Mr. Gordon Allen, reported that advertising revenue for 1967 (\$85,525) was higher than ever. Several advertisers have shown a preference for using the *Journal* exclusively for national advertising in Canada. An upward revision of advertising rates will likely be necessary in January, 1969, due to increased printing costs after current printing union contracts expire later this year.
4. French Content: Last year's proposal by Council for managing French translation has proved unsatisfactory because a commercial agency cannot furnish adequate technical translation without close supervision. Council therefore asked a subcommittee of G. Pelletier (chairman), R. Coulombe and L. Bossé to explore the feasibility of employing a quarter-time French dentist-editor and a half-time secretary in Montreal. This subcommittee has advertised in the *Journal* for candidates and will subsequently make specific recommendations to the Council on Journalism.
5. The report of the Editors appears as *Appendix A*.
6. The November issue *Heritage 1867-1967*, was an exceptional tribute to Canada's Centennial year and the credit for this prestige issue goes to our two editors and our publisher's agent.
7. As my term of office on Council is now complete I would like to take this opportunity to express my sincere appreciation to my committee members, Dr. W. G. McIntosh and CDA staff, Mr. Gordon V. Allen and the two editors, Dr. F. H. Compton and Dr. G. Pelletier.

Resolutions

8. The report is informational and no resolutions are submitted.

Whereas the CDA Journal is not a medium for anonymous remarks with respect to the quality or character of Canadian dentistry, therefore be it Resolved that no letters or articles be accepted and printed by the CDA Journal, except those which are signed by the writer and those whose name is published with such letter or article.

It is moved that the resolution be referred to the Council on Journalism for their consideration in conjunction with the editors.

DEFEATED

The Council and the editors are to be congratulated for their work throughout the year.

Appendix A

REPORT OF THE EDITORS

1. The monthly circulation of the *Journal* in 1967 averaged 7,355 and a monthly average of 184 copies was distributed on an exchange basis. This entailed the printing of 88,260 copies during the year.
2. The material published during 1967 is shown in the accompanying table. The *Journal* contained 91 articles of all categories which occupied 386 pages. The editorial pages numbered 32 and contained 26 individual editorials. Thirty-five new text books were reviewed in the *Journal*.
3. Seventy-seven per cent of the text content was printed in English and 22 per cent in French. The average issue contained 60 pages of text. Total text occupied 724 pages (a 4.4 per cent reduction from the 757 pages printed in 1966, and a 13.8 per cent reduction from the 840 pages printed in 1965). This reflects a deliberate retrenchment for the purpose of transforming an anticipated gross revenue-expenditure loss into a profit (Table 2). The resultant gross revenue-expenditure excess has been treated as a contribution toward administrative expenditures connected with the *Journal*.
4. We again co-operated in publicizing several health-related measures which are of interest to the dental profession. Included among these was the symposium on emergency health planning published in January, support for Cancer Control Month in April, and year-round support for the Canadian Fund for Dental Education.
5. In November we published a special commemorative issue to honor the Centennial of Canadian Confederation. The production of a prestige issue of this sort is expensive. Mr. G. V. Allen, our publishers' agent-advertising manager, made special efforts to secure additional advertising revenue that month. Thanks to his endeavour the *Journal* emerged from this venture relatively unscarred.
6. Production of the *Governors' Letter* was maintained on a regular monthly schedule last year. An additional special bilingual news letter was mailed to all *Journal* subscribers in November. This publication contained news displaced from the special commemorative November *Journal* issue. Assistance was also extended to the Bureau of Public Information in the preparation and publication of the bilingual post-convention *Bulletin* which summarized actions of the Board of Governors and other convention highlights.

Appendix A

7. Relations between the editors, the managing director and the publishers' agent-advertising manager continue to be very close and harmonious. Particular tribute is due to Mr. Allen whose unremitting work in the business operations of the *Journal* contributed significantly to the gross profit realized last year (Table 2).

8. Relations with the Maclean-Hunter Publishing Company and Nor-Baker Ltd., our printer and photo-engraver, likewise remain productive and co-operative. The services of both firms go beyond the usual business arrangements so that in many respects they are real partners in our publishing operations.

9. Last year the Council on Journalism and the Executive Council concurred with Dr. Pelletier's proposal that production of French text other than articles and editorials be transferred to Toronto. This recommendation was inspired by a desire to provide some relief to Dr. Pelletier and accelerate the translation and publication of French news and reports. The services of a commercial translation agency was subsequently engaged for a trial period of one year, beginning June 1, 1967. Although the early work of this agency showed promise, the quality of translation has not been consistent and Dr. Pelletier has had to maintain continuing and close supervision. Our experience suggests that a commercial agency cannot furnish adequate technical translation without such supervision. A competent dentist must oversee this work regardless of where it is done. A dentist is also needed to help recruit and prepare suitable articles and editorials. Dr. Pelletier has indicated that he cannot devote the time and support required for this purpose. The Council on Journalism has therefore appointed a subcommittee to investigate the possibility of employing suitable personnel who would assume responsibility for French articles, editorials and translations. This subcommittee is exploring the feasibility of employing a quarter-time French dentist-editor and a half-time secretary in Montreal.

10. Finally, we again acknowledge with gratitude the valuable assistance given freely by numerous editorial consultants and other individuals who contribute to our various publications.

Georges Pelletier, *Associate Editor*
F. H. Compton, *Editor*

CONTENT OF THE *JOURNAL OF THE CANADIAN DENTAL*
TABLE 1 *ASSOCIATION DURING 1967*

Features	Items			Pages		
	Section		Com- bined	Section		Com- bined
	Eng.	French		Eng.	French	
Original articles	49	7	56	326¼	40¾	367
Case reports						
Annotations	29		29	17		17
Abstracts	6		6	2		2
Editorials	18	8	26	21	11	32
Bureau-Committee- Council reports	4	3	7	9½	8½	18
News				115¼	79	194¼
Correspondence	19		19	8½		8½
Book reviews	33	2	35	17¼	¾	18
Death notices				4	¼	4¼
Additions to the library				4½		4½
Conventions				9½	9½	19
CDA Retirement Savings Plan				2	2	4
Income tax	1	1	2	3½	3½	7
Announcements				1		1
Special contributions	4	4	8	5¼	6¼	11½
Miscellaneous				3	3	6
Annual index				8½	1½	10
Total editorial matter				558	166	724

GROSS REVENUE AND EXPENDITURE — *JOURNAL OF THE*
TABLE 2 *CANADIAN DENTAL ASSOCIATION*

	1967 Estimated \$	1967 Actual \$	1968 Estimated \$	1969 Estimated \$
Revenue				
Advertising	73,000.00	85,525.50	80,000.00	84,000.00
Expenses				
Commissions	24,850.00	29,585.03	27,400.00	29,100.00
Production	48,800.00	48,208.12	48,400.00	48,700.00
Special		1,331.61		
	73,650.00	79,124.76	75,800.00	77,800.00
Gross profit (loss) *	(650.00)	6,400.74	4,200.00	6,200.00

*Gross profit is treated as a contribution toward administrative expenditures connected with the *Journal*.

MEMBERS: *J. A. Whyte, Chairman, Ottawa; M. M. Derrick, Ottawa; J. R. Callingham, Ottawa.*

REPORT

(comment and action in **bold face type**)

1. The Council on Legislation held six meetings in Ottawa during the past year.
2. Council gave consideration to the suggestion contained in 1967 *Trans*: 133, 10. It was unanimously agreed that the example of the College of Dental Surgeons of British Columbia could be followed advantageously by other provinces. This Council is of the opinion that it has neither the financial nor the manpower resources to undertake such a program on a national basis.
3. To improve communications with federal legislators Council developed a list of forty-six members of the House of Commons and fifteen Senators, with matching names of well informed members of the Association. This should provide an improved mechanism for making our position on any issue affecting dentistry known to our elected and appointed representatives. The Association Secretary would co-ordinate any action taken as he did when Bill C-227 was presented to the House of Commons for first reading on July 12, 1966 (1967 *Trans*: 133, 12a).
4. This Council proposes to continue its efforts to improve communications with federal legislators on a local, personal contact basis, rather than by a widely distributed questionnaire. Council's budgetary request for \$325 would be used largely for this purpose.
5. The Chairman of this Council was privileged to attend the annual conference of the provincial secretaries in Toronto last December and to discuss with them their respective legislative activities. Council's appreciation is extended to the corporate secretaries for their co-operation in providing the following information:
 - (1) Newfoundland
 - (a) The name of the organization was changed from "Newfoundland Dental Society" to "Newfoundland Dental Association."
 - (b) A new dental act is in the drafting stage.

It is noted that a new dental act was enacted in Newfoundland on May 23, 1968.
 - (2) Prince Edward Island
 - (a) The Association has agreed to increase the per capita grant to the CDA to \$50 commencing in 1968.
 - (b) The Government may approve loans to a dental student (Atlantic

Provinces' resident) up to a maximum of \$1,500 per year for each year of the dental course.

- (c) The Government may approve a loan to dentists qualified to be licensed in PEI up to \$2,000 for the establishment of a dental office and up to \$10,000 for the purchase of necessary dental equipment.

(3) Nova Scotia

- (a) Approval was given by the Governor-in-Council to amend the Dental Hygienist Regulations, giving a much broader scope to the areas in which they may participate.
- (b) At the annual meeting of the Association three new specialties were added. The following specialties are now recognized: Oral Surgery, Orthodontics, Periodontics, Prosthodontics, Endodontics, and Pedodontics.

(4) New Brunswick

- (a) A Youth and Welfare Plan prepared by the Association has been accepted by the Government.

(5) Quebec

- (a) The Board of Governors has decided that the College by-laws concerning specialties be completely revised. Meanwhile it was decided that the recognition of new specialties in the Province be postponed.

(6) Ontario

- (a) The Royal College of Dental Surgeons has completely rewritten its By-laws and in accordance with the *Dentistry Act* they were published in the *Ontario Gazette* and became effective in September, 1967.

(7) Manitoba

- (a) Efforts to influence legislation in accordance with established CDA policies are continuing.

(8) Saskatchewan

- (a) Council directed that the 1968 CDA grant be computed on the basis of \$50 per member instead of \$40.
- (b) The College of Dental Surgeons of Saskatchewan presented a brief opposing the Government's idea of training New Zealand type nurses. Although no definite action to initiate such a program has occurred apparently the Government's idea has not been abandoned.

(9) Alberta

- (a) The amendments to the By-laws which have now been approved by Orders-in-Council provide that:
 - i. The annual fee be increased from \$125 to \$165 and that new

- graduates and dentists commencing practice after June 30 be assessed one-half the annual fee.
- ii. A representative or representatives of the Board may inspect any dental office at reasonable times and order that any written demand to remedy unsatisfactory conditions, practices, or procedures be complied with.
 - (b) The Board of Directors voted money to provide a grant to the CDA of \$60 per dentist commencing in 1968.
- (10) British Columbia
- (a) The Lieutenant-Governor-in-Council approved a change in the by-laws under the British Columbia *Hospital Act*. It is now legal for dentists to work in hospitals.
 - (b) The 1968 licence fee has been increased to \$185. The annual grant to the CDA will be increased from \$40 to \$60 per member if other provinces make a similar move.

Resolutions

6. Council recommends that the assistance and courtesy received from the Council on Legislation of the American Dental Association be acknowledged.

Resolved that the Secretary of the Canadian Dental Association acknowledge with thanks the valuable assistance given to the CDA Council on Legislation by the Council on Legislation of the American Dental Association.

ADOPTED

The report of the Council on Legislation is informative and the Board thanks the Council members for their time and effort during many meetings held during the past year.

TRUSTEES: *E. R. W. Bilkey, Toronto; W. P. Munsie, Vancouver; W. G. McIntosh, Toronto; Librarian: Miss Colette Gagnon.*

REPORT

(comment and action in **bold face type**)

1. The Canadian Dental Association's Sydney Wood Bradley Memorial Library has made limited progress over the past year.
2. The CDA grant to the Library, although larger than in previous years, was not sufficient to match the rising costs of books and periodicals, many of which doubled in price in the last year or two. As a result the purchase of new books had to be seriously curtailed early in the year.
3. It was not possible to have lists of additions to the Library published regularly in the *JCDA* and it was feared that this might reduce circulation. Tabulations at the end of 1967, however, indicated that during the year 5 per cent more books and 15 per cent more periodicals were borrowed than during the previous year.
4. The Library now contains 4,673 volumes, an addition of 216 since the last report. (161 textbooks, 55 bound periodicals.)
5. During the year we received 19 new periodicals, and 11 new newsletters, most of them complimentary or on exchange; only two are paid subscriptions.
6. For the second year we have been able to assist the Medical Library Association Exchange Service. We shipped 892 items, duplicates of periodicals made available to the Library through the generosity of a few members. These periodicals were directed to 53 different medical and dental libraries throughout the world. It is gratifying to be in a position to offer assistance to the Medical Library Association Exchange Service, as for many years including the present one, CDA Library has benefitted from their services.
7. The Library Trustees met on January 17, 1968. They directed that the principal sum of the Bradley bequest be invested according to the Association's investment policy and that the investment revenue be budgeted on the basis of up to 90 per cent for the purchase of books and periodicals and the remainder for library emergency and maintenance requirements.
8. Revenue from the generous bequest of the late Dr. Sydney Wood Bradley will be available this year and as a result the Library looks forward to additional progress in serving the members of CDA during 1968 and succeeding years.

Resolutions

9. This report is informative and no resolutions are submitted.

This report is informative. No resolutions are submitted.

RECORDS DEPARTMENT: *Miss A. M. Cowling*

REPORT

It is with regret that the deaths of the following members, since the last annual meeting of the Canadian Dental Association, are recorded:

ALLAN, Gordon Wesley — R.C.D.S. '25	Toronto, Ont.
AMOS, Joseph Elmer — R.C.D.S. '09	Brantford, Ont.
APPS, Eric Cyril — U. of T. '34	Kenora, Ont.
BEGIN, Fernand — U. de Montréal '57	North Bay, Ont.
BEIERL, Garnet Douglas — R.C.D.S. '16	Toronto, Ont.
BELL, Richard Alling — U. of T. '56	Weston, Ont.
BENSON, Joseph Moore — Manitoba Dental Act '09	Winnipeg, Man.
BLACKBURN, William Jeff Xavier — U. of T. '26	Peterborough, Ont.
BLACKLOCK, J. Neilson — McGill '24	Montréal, Qué.
BOUDREAU, Dismas — U. de Montréal '51	Edmundston, N.B.
BRETT, Augustus Jasper — R.C.D.S. '11	Regina, Sask.
CALKIN, Victor Clyde — Dalhousie '23	Washington, U.S.A. (formerly New Glasgow, N.S.)
CASGRAIN, Charles-Edmour — U. de Montréal '24	Montréal, Qué.
CASSELMAN, Kenneth Burritt — U. Oregon (North Pacific) '28	Montréal, Qué. (formerly Vancouver, B.C.)
CATION, James Murray — R.C.D.S. '09	Toronto, Ont.
CHAPDELEINE, Jean-Marie — U. de Montréal '40	Plessisville, Qué.
CHRISTIE, Robert Spencer — U. Minnesota '32	Winnipeg, Man.
CHURCHILL, Samuel Herbert — R.C.D.S. '20	Winnipeg, Man.
CLAMAN, Ben Burd — U. Minnesota '29	Winnipeg, Man.
COLLINS, Charles Cyril — R.C.D.S. '22	Toronto, Ont.
COOPER, William James — R.C.D.S. '15	Toronto, Ont.
CROFT, Lloyd H. — R.C.D.S. '20	Chester, N.S.
CUMMER, John Albert — U. of T. '29	Hamilton, Ont. (formerly Cedar Springs, Ont.)
DAWSON, Willis Gordon — Dalhousie '25	Eureka, Pictou Cty., N.S.
DESCHENES, Joseph Arthur — Laval '13	Lachine, Qué.
EMMETT, Frederick James — U. Alta. '38	Vancouver, B.C.
FISHER, Edward MacKenzie — U. of T. '29	Huntsville, Ont.
FONTAINE, Jean Noel — U. de Montréal '45	Montréal, Qué.
*FRENCH, Felix Andrew — R.C.D.S. '06	Ottawa, Ont.
FURLONG, Francis Joseph — R.C.D.S. '17	Windsor, Ont.
GAGNON, Louise Philippe — U. de Montréal '29	St. Georges de Beauce, Qué.
GAZO, Major Edward William — U. of T. '60	Ottawa, Ont.
GRAHAM, Frederick Roy — U. Maryland '05	Toronto, Ont.
HACKETT, John Elmer — R.C.D.S. '35	Toronto, Ont.
HALL, Henry Richard — R.C.D.S. '22	Goderich, Ont.
HAMBLEY, Robert Beatty — U. of T. '40	North Bay, Ont.
HARVIE, Dalton Clark — R.C.D.S. '25	Elmvale, Ont.
HIPWELL, Willard Leon — R.C.D.S. '24	Toronto, Ont.
HOOLEY, Michael Joseph — R.C.D.S. '17	Chatham, Ont. (formerly Ridgetown, Ont.)

*Honorary Member of the Canadian Dental Association.

JANES, Frederick Alexander — R.C.D.S. '22	Corner Brook, Nfld.
KING, John Langran — McGill '59	The Pas, Man.
LACASSE, J. Aristide — U. de Montréal '18	Ste-Ayathe des Monts, Qué.
LAMOUREUX, Jacques — U. de Montréal '45	Québec, Qué.
LAYNG, Richard Holmes — Northwestern '19	Saskatoon, Sask.
LAYTON, Lloyd Brown — Dalhousie '36	Annapolis Royal, N.S.
LESSARD, Marie-Leonce — U. de Montréal '26	Québec, Qué.
LIPSEY, Clarence Howard — R.C.D.S. '16	Edmonton, Alta.
MacGREGOR, Rodrick Guy — McGill '26	New Glasgow, N.S.
MacKAY, Alexander Walter — R.C.D.S. '21	Toronto, Ont.
MAHONEY, Carl Joseph — R.C.D.S. '20	Toronto, Ont.
MANEGRE, Jacques Aldor — U. de Montréal '48	Tracy, Qué.
McCAUGHEY, Stanley Graham — R.C.D.S. '12	Ottawa, Ont.
McCLINTOCK, Edward Ruel — Baltimore C.D.S. '08	Centreville, N.B.
McGAHEY, Celestine Thomas — R.C.D.S. '24	Iroquois, Ont.
McMILLAN, Gerald Roy — R.C.D.S. '16	Toronto, Ont.
MOORE, Charles H. — R.C.D.S. '09	Winnipeg, Man.
MOYER, Charles Edward — R.C.D.S. '19	Port Stanley, Ont.
NOONAN, Ralph Leo — R.C.D.S. '23	Summerside, P.E.I.
PAUL, Jack Lionel (Yampolsky) — U. of T. '49	Toronto, Ont.
PETERS, Joseph Harry Andrew — U. of T. '35	Toronto, Ont.
POITRAS, Paul-Emile — U. de Montréal '13	Montréal, Qué.
RAMORE, William Dominic — R.C.D.S. '08	Port Arthur, Ont.
RATNER, Michael — McGill '21	Montréal, Que.
RIVKIN, Herman — U. of T. '28	Toronto, Ont.
SARRAZIN, René (Joseph Adrien) — U. de Montréal '31	Montréal, Qué.
SCHWETZ, William Stephen — U. of T. '58	Toronto, Ont.
SHORTREED, Roy D. — R.C.D.S. '19	Vancouver, B.C.
SHUTTLEWORTH, Robert Fred — R.C.D.S.	Bracebridge, Ont.
SIMARD, Charles Ezéar — U. de Montréal '53	Bagotville, Qué.
SMITH, Charles Ernest — Loyola Univ. '08	Saskatoon, Sask.
SNIDER, Norman Wray — R.C.D.S. '20	Kenora, Ont.
SNOW, Herbert W. — Baltimore C.D.S. '07	Kitchener, Ont. (formerly N.B.)
STEWART, Charles Graham — R.C.D.S. '21	Stoney Creek, Ont. (formerly Hamilton)
STEWART, Gordon William — U. of T. '56	100 Mile House, B.C. (formerly Vancouver)
STOLTZ, Clarence Edward — R.C.D.S. '24	Waterloo, Ont.
TURCOTTE, Joseph-Alfred — U. de Montréal '22	Mont Joli, Qué.
WARK, Albert Edward — R.C.D.S. '05	Selma Park, B.C.
WATSON, Arthur Melvin — McGill '26	Calgary, Alta.
WIDDOWSON, Reuben — Physicians & Surgeons (Glasgow) '11	Winnipeg, Man.
WILLIAMS, John Maurice — R.C.D.S. '23	Hamiota, Man.
WOODBURY, William Weatherspoon — Philadelphia Dental College '08	Halifax, N.S.
YOERGER, Wilfred George — R.C.D.S. '24	Prince Albert, Sask.

NOMINATIONS

MEMBERS: *H. Brouillet, Chairman, Montreal; L. Bernier, Quebec; J. Zimmerman, Calgary; R. A. Clappison, Toronto.*

REPORT

(comment and action in **bold face type**)

1. Let me first thank the members of my committee for their efficient co-operation and assistance in compiling this report. I would also wish to express my gratitude to all the members with whom I got in touch for replying to my letters and for all the recommendations they have made.

1. I would have liked to have completed this report much sooner but was prevented from doing so by circumstances beyond my control.

3. Each member was contacted by letter and I have here in a file all the replies I received. This file is quite thick and I am delighted to be able to pass it on to my successor.

4. The Nominations Committee submits to the Board of Governors for its approval the list of those who have agreed to have their name entered for nomination.

5. Other nominations may be made by members of the Board.

6. The complete list of Councils and Committees will be published in the *Transactions as Appendix A*.

7. The figures (1) or (2) indicate first or second term ending in the year shown.

Executive	J. B. Taylor, London	1971 (1)
	Louis Bernier, Quebec	1971 (1)
Constitution and By-Laws	J. P. Coupland, Ottawa	1971 (1)
Education	R. V. Blackmore, Edmonton	1971 (2)
	Michael Crompton, Moncton	1971 (1)
Ethics	R. M. LeBlanc, Montreal	
	Chairman	1970 (1)
	Geo. E. Decker, Edmonton	1971 (1)
	Ken F. Pownall, Toronto	1971 (1)
Journalism	H. H. Canning, Toronto, Chairman	1970 (2)
	J. R. Glenney, Toronto	1971 (2)
	J. A. Davison, Scarborough	1971 (1)
Legislation	M. M. Derrick, Ottawa, Chairman	1969 (1)
	K. F. Pallett, Ottawa	1971 (1)
Public Health	K. W. Davey, Toronto, Chairman	1971 (2)
	Yves Lafleur, St. Hyacinthe	1971 (2)

Research	L. E. Francis, Montreal, Chairman	1969 (1)
	M. C. Johnston, Toronto	1971 (2)
	H. G. Poyton, Toronto	1971 (2)
	A. Demirjian, Montreal	1971 (2)
	J. F. Cleall, Winnipeg	1971 (2)
	C. S. C. Lear, Vancouver	1971 (1)
	R. C. Burgess, Toronto	1971 (1)
	E. Kaellis, Saskatoon	1971 (1)
Headquarters Property	J. Kreutzer, Toronto, Chairman	1971 (2)
Hospital Services	P. T. Smylski, Toronto, Chairman	1971 (2)
	A. E. Swanson, Vancouver	1971 (2)
	L. J. Frost, Ottawa	1971 (1)
Specialists and Specialization	R. L. Scott, Brantford	1971 (2)
	R. L. Twible, Toronto	1971 (2)
	John Whyte, Ottawa	1971 (1)

Auxiliary Services

B.C.	Max Nacht, Chairman	term of 1 year
Alberta	E. F. Allison	term of 2 years
Saskatchewan	F. T. Wihak	term of 3 years
Manitoba	H. A. Allen	term of 1 year
Ontario	M. A. Kamienski	term of 3 years
Quebec	L. Dubé	term of 1 year
Nova Scotia	W. B. Coleman	term of 2 years
New Brunswick	D. C. Hatheway	term of 3 years
P.E.I.	H. Stewart	term of 2 years
Newfoundland	W. O'Driscoll	term of 1 year

The appointees are each eligible for reappointment of a second term of 3 years.

Dental Services

B.C.	Fred Reid	term of 1 year
Alberta	R. G. Dickson	term of 2 years
Saskatchewan	C. G. Halliday	term of 3 years
Manitoba	W. W. Shorthill	term of 1 year
Ontario	Peter Currie, Chairman	term of 1 year
Quebec	H. Hamel	term of 3 years
Nova Scotia	D. A. Eisner	term of 2 years
New Brunswick	C. B. Allaby	term of 3 years
P.E.I.	R. G. Romcke	term of 2 years
Newfoundland	R. A. Downton	term of 1 year

The appointees are each eligible for reappointment of a second term of 3 years.

8. Nominations Committee is happy to recommend as President-elect, Dean Hec MacLean of Edmonton.

9. On behalf of CDA we sincerely thank the following members for the services they have rendered: Drs. L. I. Duffy, E. F. Dexter, J. M. Phillips, D. C. Teskey, F. E. Dawe, R. De Ware, D. Middaugh, R. M. Grainger, J. A. Whyte, J. D. Stewart, W. Bruce, M. V. J. Keenan, J. M. Carefoot, A. H. Erwin, G. Lie, J. Sim, R. D. Glenn, Marjorie Jackson, and E. Downton.

NOMINATIONS

10. It is moved by the chairman that the Report of the Nominations Committee be adopted.

ADOPTED

On single ballot cast by the Secretary at the direction of the Chairman, Louis Bernier, Quebec, and Bruce Taylor, London, were elected to the Executive Council. On nominations from the floor, J. Coupland, Ottawa, was elected to the Nominations Committee.

Membership is as follows:

H. R. MacLean, Edmonton, Chairman	— 1969
J. Zimmerman, Calgary	— 1969 (1)
R. A. Clappison, Toronto	— 1970 (1)
J. Coupland, Ottawa	— 1971 (1)

Note: The figure (1) or (2) indicates first or second term ending in the year shown.

Appendix A

OFFICERS, COUNCILS, COMMITTEES, 1968-69

President	— Henri Brouillet, Montreal	
President-elect	— H. R. MacLean, Edmonton	
Immediate Past President	— Wesley P. Munsie, Vancouver	
Councils		
Executive	— Henri Brouillet, Montreal, Chairman	
	— Wesley P. Munsie, Vancouver	
	— H. R. MacLean, Edmonton	
	— A. L. MacIsaac, Charlottetown	1970 (1)
	— W. J. Spence, Toronto	1970 (1)
	— L. Bernier, Quebec	1971 (1)
	— Bruce Taylor, London	1971 (1)
Constitution and By-laws	— J. P. Whyte, Swift Current,	
	Chairman	1969 (2)
	— Rémy Langlois, Quebec	1969 (1)
	— P. S. Christie, Halifax	1970 (1)
	— J. P. Coupland, Ottawa	1971 (1)
Education	— W. J. Dunn, London, Chairman	1969 (1)
	— W. G. Deacon, Ottawa	1969 (1)
	— K. J. Paynter, Saskatoon	1970 (1)
	— J. Yergeau, Montreal	1970 (1)
	— R. V. Blackmore, Edmonton	1971 (2)
	— Michael Crompton, Moncton	1971 (1)
Ethics	— R. M. LeBlanc, Montreal,	
	Chairman	1970 (1)
	— J. M. Darcy, St. John's	1969 (1)
	— W. K. Martin, Regina	1970 (1)
	— George E. Decker, Edmonton	1971 (1)
	— Kenneth F. Pownall, Toronto	1971 (1)

Journalism	— H. H. Canning, Toronto,		
	Chairman	1970	(2)
	— Roger Coulombe, Lachine	1969	(1)
	— K. I. Levinson, Toronto	1969	(1)
	— L. Bossé, Dorval	1970	(1)
	— J. R. Glenney, Toronto	1971	(2)
Legislation	— J. A. Davison, Scarborough	1971	(1)
	— M. M. Derrick, Ottawa, Chairman	1969	(1)
	— J. R. Callingham, Ottawa	1970	(1)
	— K. F. Pallett, Ottawa	1971	(1)
Public Health	— K. W. Davey, Toronto, Chairman	1971	(2)
	— D. J. Yeo, Vancouver	1969	(2)
	— N. J. Layton, Truro	1969	(1)
	— C. H. McCormick, Winnipeg	1970	(1)
	— Yves Lafleur, St. Hyacinthe	1971	(2)
	— Advisory members: chairmen of provincial dental public health committees		
Research	— L. E. Francis, Montreal,		
	Chairman	1969	(1)
	— R. H. Bingham, Halifax	1969	(2)
	— Z. Kasloff, Winnipeg	1969	(1)
	— D. S. Moore, London	1969	(1)
	— G. H. Beaton, Toronto	1970	(2)
	— R. E. Jordan, London	1970	(1)
	— M. W. Packer, Edmonton	1970	(1)
	— M. C. Johnston, Toronto	1971	(2)
	— H. G. Poyton, Toronto	1971	(2)
	— A. Demirjian, Montreal	1971	(2)
	— J. F. Cleall, Winnipeg	1971	(2)
	— C. S. C. Lear, Vancouver	1971	(1)
	— R. C. Burgess, Toronto	1971	(1)
	— E. Kaellis, Saskatoon	1971	(1)

*Committees**Auxiliary Services*

B. C.	— Max Nacht, Vancouver	term of 1 year	1969 (1)
	Chairman		
Alberta	— E. F. Allison, Calgary	term of 2 years	1970 (1)
Saskatchewan	— F. T. Wihak, Regina	term of 3 years	1971 (1)
Manitoba	— H. A. Allen, Winnipeg	term of 1 year	1969 (1)
Ontario	— M. A. Kamienski, Scarborough	term of 3 years	1971 (1)
Quebec	— L. Dubé, Quebec	term of 1 year	1969 (1)
Nova Scotia	— W. B. Coleman, Halifax	term of 2 years	1970 (1)
New Brunswick	— D. C. Hatheway, Nashwaaksis	term of 3 years	1971 (1)
P.E.I.	— H. Stewart, Kensington	term of 2 years	1970 (1)
Newfoundland	— W. O'Driscoll, St. John's	term of 1 year	1969 (1)

The appointees are each eligible for reappointment for a second term of 3 years.

NOMINATIONS

Appendix A

Dental Services

B. C.	— Fred Reid, North Vancouver	term of 1 year	1969 (1)
Alberta	— R. G. Dickson, Drumheller	term of 2 years	1970 (1)
Saskatchewan	— C. G. Halliday, Saskatoon	term of 3 years	1971 (1)
Manitoba	— W. W. Shorthill, Winnipeg	term of 1 year	1969 (1)
Ontario	— Peter Currie, London,	term of 1 year	1969 (1)

Chairman

Quebec	— H. Hamel, Quebec	term of 3 years	1971 (1)
Nova Scotia	— D. A. Eisner, Halifax	term of 2 years	1970 (1)
New Brunswick	— C. B. Allaby, Moncton	term of 3 years	1971 (1)
P.E.I.	— R. G. Romcke, Summerside	term of 2 years	1970 (1)
Newfoundland	— R. A. Downton, St. John's	term of 1 year	1969 (1)

The appointees are each eligible for reappointment for a second term of 3 years.

Headquarters Property

— J. Kreutzer, Toronto, Chairman	1971 (2)
— R. A. Clappison, Toronto	1969 (1)
— P. G. Anderson, Willowdale	1970 (1)

Hospital Services

— P. T. Smylski, Toronto, Chairman	1971 (2)
— J. C. Cummings, Ottawa	1969 (2)
— A. Raymond, Montreal	1969 (2)
— A. J. Harris, London	1969 (1)
— J. A. Pedler, Toronto	1970 (2)
— H. S. Jamieson, Moosomin	1970 (1)
— A. E. Swanson, Vancouver	1971 (2)
— L. J. Frost, Ottawa	1971 (1)

Nominations

— H. R. MacLean, Edmonton,	
Chairman	1969

— J. Zimmerman, Calgary	1969 (1)
— R. A. Clappison, Toronto	1970 (1)
— J. Coupland, Ottawa	1971 (1)

Specialists & Specialization

— O. J. Yule, Toronto, Chairman	1969 (1)
— D. G. Woodside, Toronto	1969 (1)
— C. D. Torneck, Toronto	1969 (1)
— P. T. Smylski, Toronto	1970 (1)
— R. L. Scott, Brantford	1971 (2)
— R. L. Twible, Toronto	1971 (2)
— John Whyte, Ottawa	1971 (1)

Note: The figure (1) or (2) indicates first or second term ending in the year shown.

EXECUTIVE: *R. K. Lindsay, President, Vancouver; A. Raymond, President-elect, Montreal; J. A. Folkins, Secretary-Treasurer, Vancouver.*

REPORT

(comment and action in **bold face type**)

1. The 14th Annual Meeting of the Canadian Society of Oral Surgeons was held in the Royal York Hotel, Toronto, on May 14, 15, 16, 1967.
2. With 26 new members admitted to the Society, our total membership was brought to three honorary members and 67 active members.
3. The financial statement presented by the Secretary-Treasurer showed total assets at \$7,072.03.
4. New application forms were submitted for the approval of the meeting, to be voted upon at the annual meeting in 1968.
5. The reports of the Dental Services Committee, Hospital Services Committee and Public Information Committee were presented and discussed.
6. The report of the Constitution and By-laws Committee was received. Included in the recommendations were some changes in the Constitution and By-laws affecting membership, and the time and place of future annual meetings. Overall dissatisfaction was expressed with the present Constitution and By-laws, the current size of the Society, and the problems it faces. It was suggested that the present format was too restricting for contemporary needs. It was felt desirable to up-date the Constitution and By-laws in order to keep in step with the Society's numerical size and current problems. The suggested changes will be presented to the Board of Governors of the Canadian Dental Association for approval at their annual meeting in 1968. See *Appendix A* for proposed individual changes and *Appendix B* for a revised edition of the Constitution and By-laws which incorporates the proposed changes. See resolution paragraph 11.
7. Plans are almost completed for the Canadian Society of Oral Surgeons to hold its annual meeting in 1968 in conjunction with the joint meeting of the International Association of Oral Surgeons and the American Society of Oral Surgeons, on October 7, 1968, in New York.
8. Plans are well under way for the annual meeting of the Canadian Society of Oral Surgeons to be held in Montreal in 1969, jointly with a surgical safari of The American Society of Oral Surgeons, Canadian Society of Oral Surgeons to act as hosts.
9. Dr. J. H. Johnson was unanimously selected to honorary membership, and given a standing ovation. Dr. Johnson then proceeded to present to the Society

a gavel and a wooden block in a wooden box, which he constructed himself. The wood came from the home of Sir John A. MacDonald, in Bellevue, Ontario.

10. The next meeting will take place on October 7, 1968, in New York.

Resolutions

11. That the changes in the Constitution and By-laws as outlined in *Appendix A* be approved.

REJECTED

Whereas the Board of Governors does not agree with the statement as read from Section C, paragraph 1, of Appendix B, and

Whereas the statement conflicts with recommendations advanced in paragraph 4 (6) of Appendix A of the report of the Executive Council

Be it Resolved

1. That admission to Scientific Sessions of the Oral Surgery Section be announced to the Canadian Dental Association membership at large at open sessions when facilities and location permit.

ADOPTED

2. That Section C, paragraph 1, of Appendix B be revised to incorporate the effect of Resolution 1.

ADOPTED

On motion from the floor it was resolved:

That the Executive Council be empowered to approve the Constitution of the Canadian Society of Oral Surgeons when the changes recommended by the Board are instituted.

ADOPTED

The Section is to be commended for their efforts to increase their membership and revise their Constitution and By-laws to keep in step with their numerical size and contemporary needs.

Appendix A

CHANGES AND ADDITIONS TO
CONSTITUTION AND BY-LAWS
OF THE
CANADIAN SOCIETY OF ORAL SURGEONS
SINCE 1965

1. ARTICLE I

Definition of Oral Surgery:

Delete "(as defined by the American Board of Oral Surgery)."

Change definition to read as follows:

Oral surgery is that part of dental practice which deals with the diagnosis, the surgical and adjunctive treatment of the diseases, injuries and defects of the human jaws and associated structures.

2. ARTICLE V

Section 1. Elective Officers:

Delete "Vice-President" and "members of the Executive Council."

3. Section 2.

(a) Delete "Vice-President" and "The President shall be the Chairman and the Secretary-Treasurer shall be the Secretary of the Council."

(b) Add the word "immediate" before the words "past president."

(c) Change "*two* other Active Members" to "*five* other Active Members."

4. A new Section 3 has been added as follows:

"A quorum of the Executive Council shall be five members."

5. The previous Section 3 is changed to Section 4, and further changed as follows:

Subsection (b) the words "appoint auditors" replace the words "select a certified public accountant."

6. ARTICLE VI

COMMITTEES: Changed to read as follows:

There shall be the following standing committees and they shall be appointed chairmen by the President.

Constitution and By-Laws Committee

Nominating Committee

Public Information Committee

Continuing Education Committee

Membership Committee

Hospital Services Committee

Dental Services Committee

The President shall also appoint any ad hoc committees of his discretion.

7. ARTICLE VII

Delete the words "and the Executive of the Canadian Dental Association."

8. BY-LAWS:

A. *Classification and Election of Members:*

1. *Active Member.* The words "who shall have confined their practice exclusively to Oral Surgery for at least five years immediately preceding their application for membership" are deleted and replaced with the following:

"who (1) is certified as an oral surgeon by his Provincial Licensing Body or (2) if legislation for certification of specialists is not provided by the provincial Dentistry Act, shall be limiting his practice exclusively to oral surgery as substantiated by the provincial Licensing Body or to the satisfaction of the Membership Committee of the Canadian Society of Oral Surgeons, for the three years immediately prior to December 31st, 1966, and who applied

Appendix A

for Active Membership prior to the annual meeting of 1968, or (3) has had a formal three-year training program but clauses (1) or (2) cannot or do not apply, or (4) is a fellow of the Oral Surgery Section of the Royal College of Dentists of Canada.”

2. *Honorary Member*. The following has been added:

“Honorary Members shall not be nominated from the floor but by written nomination signed by five Active Members in good standing and presented to the Secretary-Treasurer. All such nominations shall be referred to the Membership Committee for their consideration and recommendation to the Executive Council. Three-fourths affirmative vote of the Council shall be required before such names can be presented to the annual meeting for final approval.”

A. 6. An applicant for membership who is rejected *may re-apply in one year*. (Replacing “shall not be permitted to make application again for three years.”)

Paragraph 7 is deleted (re Honorary Members nomination).

9. B. *Election of Officers and Appointment of Councillors*.

1. Paragraph 1 is subdivided into (a), (b), (c) and (d), deleting office of Vice-President, changing numbers of Councillors from two to five, changing term of office from one year to eighteen months, as follows:

- (a) The annual meeting shall elect each year a President-elect and Secretary-Treasurer and (b) five Councillors shall be appointed by the President as recommended by the regional groups of the Canadian Society of Oral Surgeons. Should a regional group fail to recommend a Council appointee, the annual meeting shall elect such a Councillor.

The regional groups shall be designated as follows:

Atlantic Provinces

Quebec

Ontario

Prairie Provinces

British Columbia

- (c) Names of the recommended appointees to the Executive Council from the five regional groups shall be received by the Secretary of the Canadian Society of Oral Surgeons not later than thirty days prior to the annual meeting.
- (d) The term of office shall be for that period between annual meetings of the Canadian Society of Oral Surgeons but under no circumstances shall this interval exceed eighteen months.

Paragraph 4 concerning nominations: Add the words “and the written consent of these nominees” to the sentence “This Committee shall present the Secretary-Treasurer a list of the nominations for office”: and, “Nominations may be made from the floor, if in writing and endorsed by three active members ‘and with the consent of the nominee’.”

Paragraph 5. Add the word “secret” before “ballot.”

10. C. *Meetings:*

1. Scientific Sessions — Add the following to Admissions: essayists, and guests specifically invited by the President.”

Delete the following: “Members of the Canadian Dental Association may be admitted on invitation by any Active Member of the Society.”

11. D. *Executive Council Sessions:*

Add the following to paragraph 1: “In addition, a simple majority of the Executive Council may request and forthwith convene a meeting of that Council, with or without the consent of the President, after thirty days notice in writing to the members of the Executive Council.”

12. E. *Resignation, Reprimand or Expulsion*

2. . . . The Society *may* take appropriate action to terminate membership instead of . . . the Society shall . . .

3. The following italicized addition in this sentence:

“A member under consideration *for such reprimand, suspension or expulsion* shall be informed by registered mail as to the charge, the date, time and place of consideration of his case by the Council.”

13. F. *Fees and Dues:*

1. Added to as italicized:

1. The initiation fee for an active member shall be \$10.00 *unless and until this is changed by an annual meeting of the Society.*

2. The words “not exceed \$25.00” deleted from the sentence: The annual dues for active membership shall be due and payable January 1st for the ensuing year.

4. The words “and dues” deleted from the sentence “ . . . if payment is made of delinquent dues (.....) for the current year.”

14. G. *Ethics:*

Changed to read as follows: “The Code of Ethics of the Canadian Dental Association shall be the Code of Ethics of this Society.”

15. K. *Order of Business:*

8. Election of Officers. Delete “Election of Vice-President.” Delete “Election of two Councillors.”

9. Change from “Adjournment” to “Appointment of five councillors.”

10. New number added to read “Adjournment.”

CONSTITUTION AND BY-LAWS
OF THE
CANADIAN SOCIETY OF ORAL SURGEONS
(As revised, May 16, 1967)

CONSTITUTION

ARTICLE I
NAME AND DEFINITION

The name of this organization shall be the Canadian Society of Oral Surgeons, hereinafter referred to as "The Society" or "This Society."

Definition of Oral Surgery: "Oral surgery is that part of dental practice which deals with the diagnosis, the surgical and adjunctive treatment of the diseases, injuries and defects of the human jaws and associated structures."

ARTICLE II
OBJECTS

The objects of the Society shall be as follows:

- A. To promote the objectives of the Canadian Dental Association.
- B. To promote the public welfare of the advancement of oral surgery in the fields of education, research and professional service.
- C. To promote unity and harmony, and to cultivate fellowship and social relations among its members.

ARTICLE III
BUSINESS OFFICE

The Executive office of this Society may be established in any city in Canada by a majority vote of the Executive Council.

ARTICLE IV
MEMBERSHIP

The membership of this Society shall consist of two classifications known as Active and Honorary Members. The basic qualifications for each classification shall be as prescribed in the By-laws.

Rights and Privileges: Only Active Members in good standing shall be entitled to vote or hold office in this Society.

ARTICLE V
OFFICERS AND MANAGEMENT

Section I: Elective Officers — The Elective Officers of this Society shall be a President, President-elect, and Secretary-Treasurer, each of whom shall be elected by the general assembly as provided by the By-laws.

Section II: The Executive Council, hereinafter referred to as “The Council” shall consist of the President, President-Elect, Secretary-Treasurer, Immediate Past-President and five other Active Members, who will be appointed by the President as provided in the By-laws.

Section III: A quorum of the Executive Council shall be five members.

Section IV: The Executive Council shall be the governing body of this Society, shall manage the affairs, conduct the business and control the disbursement of its funds. It shall also (a) select the bonding company in which officers and employees shall be bonded, (b) appoint auditors to audit annually the books and records of this Society, (c) designate the depository or depositories for the funds, securities and deeds of this Society, and (d) determine and control the investment of the Society’s money and securities.

ARTICLE VI COMMITTEES

There shall be the following standing committees and they shall be appointed chairmen by the President.

- Consulting and By-laws Committee
- Nominating Committee
- Public Information Committee
- Continuing Education Committee
- Membership Committee
- Hospital Services Committee
- Dental Services Committee

The President shall also appoint any ad hoc committees at his discretion.

ARTICLE VII TIME AND PLACE OF MEETINGS

The Annual Meeting of the Society shall be held at such time and place as may be determined by the Executive Council.

ARTICLE VIII AMENDMENTS TO THE CONSTITUTION

The Constitution may be amended if the proposed amendment, with the recommendation of the Constitution and By-laws Committee, shall have been mailed to each active member at least thirty days prior to the meeting at which final action is to be taken. An affirmative vote of three-fourths of the active members present shall be required to amend the Constitution.

Amendments to the Constitution and By-laws shall have the approval of the Board of Governors of the Canadian Dental Association before becoming effective.

BY-LAWS

A. *Classification and Election of Members*

1. Active Member — The following requirements shall be prerequisite to Active Membership:

Appendix B

The applicant shall be a member in good standing of his local Dental Society, Provincial and Canadian Dental Association, who (1) is certified as an oral surgeon by his Provincial Licensing Board, or (2) if legislation for certification of specialists is not provided by the Provincial Dentistry Act, shall be limiting his practice exclusively to oral surgery as substantiated by the Provincial Licensing Body or to the satisfaction of the Membership Committee of the Canadian Society of Oral Surgeons, for the three years immediately prior to December 31st, 1966, and who applied for Active Membership prior to the annual meeting of 1968, or (3) has had a formal three-year training program but clauses (1) or (2) cannot apply, or (4) is a Fellow of the Oral Surgery Section of the Royal College of Dentists of Canada.

2. Honorary Member — Honorary Membership may be granted to members of the dental and medical professions or to members of allied sciences who have made for themselves enviable names of national importance and have contributed to the advancement of oral surgery. Honorary Members shall not be nominated from the floor but by written nomination signed by five Active Members in good standing and presented to the Secretary-Treasurer. All such nominations shall be referred to the Membership Committee for their consideration and recommendation to the Executive Council. Three-fourths affirmative vote of the Council shall be required before such names can be presented to the annual meeting for final approval. Not more than two Honorary Members may be elected in any one year.

3. Applicants for an Active Membership in this Society shall complete the regular application form as provided by the Society for that purpose. The application, properly completed, shall be sent with the initiation fee to the Secretary-Treasurer. Applications received on or before December 31st will be processed during the annual meeting of the following year.

4. The Secretary-Treasurer shall send to the Membership Committee all applications for membership. Applicants who satisfy the requirements for membership will be required to submit to an interview by the Membership Committee at the time of the Annual Meeting. Such applicants shall be informed at least sixty (60) days prior to the Annual Meeting as to the time and place of the interview. The Chairman of the Membership Committee shall present the names of approved applicants to the next Annual Meeting. The Membership Committee shall mail a copy of the list of approved applicants to the entire Membership of the Society for their information and comments. An affirmative ballot of three-fourths of the Active Members who are in good standing, present at the Annual Meeting and voting, shall elect an applicant to membership.

5. Certificates of Membership will only be presented in person at the Annual Meeting at which such membership was granted. Members who resign or whose membership has been terminated shall return the Certificates to the Secretary-Treasurer.

6. An applicant for membership who is rejected may re-apply in one year.

B. *Election of Officers and Appointment of Councillors:*

1. (a) The Annual Meeting shall elect each year a President-Elect and a Secretary-Treasurer.

(b) Five Councillors shall be appointed by the President as recommended by the regional groups of the Canadian Society of Oral Surgeons. Should a regional group fail to recommend a Council Appointee, the Annual Meeting shall elect such a Councillor. The regional groups shall be designated as follows:

Atlantic Provinces
Quebec
Ontario
Prairie Provinces
British Columbia

(c) Names of the recommended appointees to the Executive Council from the five regional groups shall be received by the Secretary of the Canadian Society of Oral Surgeons not later than thirty days prior to the Annual Meeting.

(d) The term of office shall be for that period between Annual Meetings of the Canadian Society of Oral Surgeons but under no circumstances shall this interval exceed eighteen months.

2. The President, upon the expiration of his term of office, shall become Past-President and serve one year on the Executive Council.

The President-Elect upon the expiration of his term of office automatically becomes the President of the Society for the ensuing year.

3. If the President-Elect should become incapacitated or disqualified for the office, the Society shall at the next Annual Meeting elect a President.

4. A Nominating Committee of three members shall be appointed by the President. This Committee shall present the Secretary-Treasurer a list of the nominations for office and the written consent of these nominees. Nominations may be made from the floor, if in writing and endorsed by three active members and with the consent of the nominee.

5. Election of officers shall be by *secret* ballot of the active members present at the Annual Meeting, and each office shall be voted on separately. The candidate receiving a majority of the votes cast shall be declared elected.

6. Unanimous ballot — In the event that not more than one candidate is nominated for any elective office, the President shall direct the Secretary-Treasurer to cast a unanimous ballot on behalf of such candidate.

C. *Meetings*

1. Scientific Sessions — Admission to Scientific Sessions shall be confined to members of the Society, candidates for admission, visiting oral surgeons from foreign countries, essayists, and guests specifically invited by the President.

2. Business Sessions — Admission to Business Sessions shall be confined to active and honorary members. None but active members in good standing shall be entitled to vote or hold office in the Society. Ten percent of the total active membership shall constitute a quorum for the transaction of business.

D. *Executive Council Sessions:*

1. The Executive Council shall hold at least one regular meeting each year. In addition, a simple majority of the Executive Council may request and forth-

ORAL SURGERY

Appendix B

with convene a meeting of that Council, with or without the consent of the President, after thirty days' notice in writing to the members of the Executive Council.

2. Special meetings of the Council may be called at the discretion of the President. Single passage, return, economy air fare will be provided the members of the Executive Council by the Society in the event of such special meeting, but this shall not pertain to the Annual Meeting.

E. *Resignation, Reprimand and Expulsion:*

1. A member of the Society in good standing and not under any charges unbecoming a member of the Society and not in arrears for dues, may honorably resign his membership by written application which will be presented at the regular Annual Meeting. Resignations are not acceptable if a member is delinquent in the payment of dues for two consecutive years.

2. If any active member shall disqualify himself by not limiting his practice to oral surgery, the Society *may* take appropriate action to terminate his membership.

3. Any member may be reprimanded, suspended or expelled for violating the by-laws of the Society, for malpractice or for gross misconduct. Charges are to be filed with the Secretary-Treasurer who shall send a complete and accurate copy of all members of the Executive Council. A member under consideration for such reprimand, suspension or expulsion shall be informed by registered mail as to the charge, the date, time and place of consideration of his case by the Council. He may appear before Council in person, with or without counsel, to defend himself. The Executive Council, having reviewed the evidence, shall then vote to exonerate, reprimand, suspend or expel the defendant. The findings of the Council shall be presented to members of the Society at the Annual Meeting. To sustain the Council's decision a three-fourths affirmative vote of those present is required.

F. *Fees and Dues:*

1. The initiation fee for an active member shall be \$10 unless and until this is changed by an Annual Meeting of the Society.

2. The annual dues for active membership shall be due and payable January 1st for the ensuing year. The current annual fees shall be set by the members at the annual business session.

3. A membership shall be automatically suspended on two consecutive years delinquency in the payment of dues.

4. A membership that has been suspended for non-payment of dues shall be automatically reinstated within one year if payment is made of delinquent dues for the current year.

5. If not reinstated within one year following suspension for non-payment of dues, the membership shall be automatically terminated.

G. *Ethics:*

The Code of Ethics of the Canadian Dental Association shall be the Code of Ethics for this Society.

H. *Fiscal Year:*

The fiscal year of the Society shall begin immediately following the Annual Meeting.

I. *Amendment to the By-Laws:*

Amendments to the by-laws may be proposed in writing to the Executive Council. The Council shall send a copy of the Amendments to all active members thirty days prior to the Annual Meeting. All amendments require two-thirds affirmative vote of the active members present at the Annual Meeting and are subject to ratification by the Board of Governors of the Canadian Dental Association.

J. *Parliamentary Authorities:*

Robert's Rules of Order as most recently revised shall be considered authority for all parliamentary procedures for the conduct of the meetings of the Society.

K. *Order of Business:*

1. Calling of Meeting to Order.
2. Reading of minutes of previous meeting.
3. Business arising out of the minutes.
4. Applications for membership and election to membership.
5. Introduction of new members.
6. Reports of committees.
7. New Business.
8. Election of Officers:
 - (a) Election of President-Elect.
 - (b) Election of Secretary-Treasurer.
 - (c) Advancement of President-Elect to President and induction of new officers.
9. Appointment of five Councillors.
10. Adjournment.

ELECTIVE OFFICERS: *A. M. Hayes, President, Vancouver; H. Oliver, President-elect, Montreal; W. F. Campbell, Vice-President, Winnipeg; J. J. Schachter, Secretary-Treasurer, Saskatoon.*

REPORT

(comment and action in **bold face type**)

Meeting in Toronto, May 15-17, 1967

1. (1) Dr. Leuty, together with the Ontario Society of Orthodontists and the Toronto Orthodontic Club, arranged a most interesting and well received meeting. The attendance was excellent at both business and scientific sessions which continued for three days.
- (2) Professor Don Woodside of Toronto presented the *Grieve Memorial* lecture. He was presented with an illuminated address as a memento of the occasion.
- (3) Seven new members were added raising the total to 136.
- (4) *The Royal College of Dentists*: A Motion was passed instructing the President to form a committee to study the present and future relationship of the Canadian Society of Orthodontists to the Royal College of Dentists.
- (5) *Constitution and By-laws Committee*: The notice of motion having been given, published and circulated to the membership the following motion was read:
 - (a) To change the number of Article III to Article IV and all subsequent Articles to V, VI, VII, etc.
 - (b) To insert a new Article III to read:

"STRUCTURE

Section I — Component societies shall consist of those societies which represent the following regions of Canada:

British Columbia
Prairie Provinces
Ontario
Quebec
Maritime Provinces

Section II — Each component society shall be consulted by the Executive Committee of the Canadian Society of Orthodontists regarding all matters which may involve the members of the various component societies."

The intent of the notice of motion was to include Newfoundland in the Maritime area. Inasmuch as "Martime" was incorrect an amendment to change "Maritime Provinces" to "Atlantic Provinces" was proposed. The motion was carried.

A further notice of motion was given to amend the Constitution as follows:

- (c) Change Section VI to Article VI as follows — Change twenty to ten so that it reads — “10 percent of the total active membership shall constitute a quorum.”

The President was directed to set up a Constitution Committee to review the Constitution.

- (6) *Requirements for Membership*: Dr. Jarvis, who headed this committee, stated that there was a general unanimity among the component societies that there should be no change in the requirements for membership and that his committee recommend that the society leave the requirements for membership as stated in the Constitution.
- (7) A motion was passed that for all future meetings a special notation be made on our program inviting all interested registrants to attend our scientific sessions.
- (8) Resolution passed to be directed to the Canadian Dental Association: Whereas the Practice of the specialty of Orthodontics is unique in its training, technical skills and clinical practice, be it Resolved that the Canadian Society of Orthodontists is opposed to the removal of the ‘Limitation of Practice’ phrase from the definition of specialty area in the interest of the public, the dentists and the specialists.

See resolution paragraph 6.

1968, Annual Meeting to be held in Vancouver on June 26-28.

- 2. The Grieve Memorial lecturer will be Dr. Silas J. Kloehn, Appleton, Wisconsin.

Work in Progress

- 3. A committee chairman, Dr. R. D. Leuty, was appointed by the President to set out terms of reference as well as to set out guidelines for the selection of the Grieve lecturer.
- 4. That the Society hold its Annual Meeting in Montreal in 1969 and that Dr. H. Oliver be its program chairman.

Resolutions

- 5. That the new Article III in the Constitution and By-laws of the Canadian Society of Orthodontists as amended in paragraph 1 (5) (b) be approved.

ADOPTED

- 6. That the Board of Governors be aware of, and consider the resolution contained in paragraph 1 (8) when the definition of a specialist is under review.

**It is pointed out that the Board is already aware of this resolution.
This report is mainly informative.**

EXECUTIVE: *J. A. Whyte, President, Ottawa; J. C. Whitney, President-Elect, Port Credit; J. D. Stewart, Secretary-Treasurer, Montreal.*

REPORT

(comment and action in **bold face type**)

1. The annual meeting of the Canadian Academy of Periodontology was held in Toronto on May 15th and 16th, 1967, coincident with the annual meeting of the Canadian Dental Association. There were 55 members present.
2. The Academy membership is now one Honorary, 55 Active and 39 Associate members.
3. Representatives of the Canadian Academy of Periodontology attended a joint meeting of the CDA Convention Subcommittee and the Committee on Specialists and Specialization in Toronto, October 14th, 1967.
5. A report was presented to the CDA Task Force set up to develop a Children's Dental Health Plan, on behalf of the Academy by M. M. Dines, in Toronto, January 29th, 1968.
6. The committee on government legislation and the committee to study insurance in respect to the practice of periodontics were given authority to continue their studies for one more year.
7. A new committee was formed to study nomenclature and classification.
8. A resolution was passed to request permission of the CDA to change the definition of Periodontics which now reads:

"That branch of dentistry devoted to the study, prevention and treatment of diseases which affect the supporting tissues of the teeth."

This definition, suggested by the Committee on Specialists and Specialization and adopted by the CDA in 1959, is sharply limited in scope and makes no reference to diagnosis and oral medicine.

It is therefore recommended that the definition of Periodontics be changed to read:

"That branch of dentistry devoted to the diagnosis, prevention and treatment of diseases which affect the supporting tissues of the teeth and associated structures."

9. The next annual meeting will be held in conjunction with the Canadian Dental Association Annual Convention in Vancouver, June 27th and 28th, 1968.

Resolution

10. That the CDA-approved definition of Periodontics read as follows:

"That branch of dentistry devoted to the diagnosis, prevention and treatment of diseases which affect the supporting tissues of the teeth and associated structures."

ADOPTED

REPORT(comment and action in **bold face type**)

1. May I take this opportunity to welcome you to the 67th Annual Meeting of the Board of Governors of the Canadian Dental Association. It has been six years since the last annual meeting and convention of the Canadian Dental Association was held in British Columbia and I know that the host organization, the British Columbia Dental Association, would want me to extend their best wishes for a successful annual meeting.

Councils and Committees

2. Virtually all of the deliberations which will take place at this Board Meeting emanate from the councils, committees, and sections of the Association. The importance of our councils and committees was meaningfully recognized last year when the Board directed that two of our committees be expanded to include a member from each of the provinces. For their diligent and constructive efforts, may I express to each and every member of all councils, committees and sections the sincere appreciation of all the members of the Association.

1968 Convention Committee

3. The planning and development of the CDA-BCDA Convention which immediately follows this annual meeting has been carried out by a local committee under the direction of Dr. John G. Ryan. As a result of one of their more imaginative efforts, portions of this Board Meeting will be transcribed on film and reproduced through closed circuit television throughout this hotel. This will allow many of the members who are unable to attend this Board Meeting to become acquainted with the manner in which the business of the Association is carried out. On behalf of the Board, and personally, I compliment Dr. Ryan and his committee on the convention arrangements and thank them for their excellent endeavours on our behalf.

Board of Governors

4. On behalf of the Board of Governors, I wish to welcome two new members to the Board: Dr. J. F. Reid, representing British Columbia, and Dr. Ivan Hrabowsky of Ontario. Dr. Hrabowsky is the sixth representative of Ontario on the Board because the dental population of Ontario has passed the 2,750 mark. I congratulate Ontario on having achieved this growth. Both of these new members have distinguished themselves in their own respective provinces and I know that this Board will be better for their presence.

5. While on the subject of the Board of Governors, I feel compelled to remind all of us who are members of this Board, of the duties and responsibilities of Board members as outlined in the *Transactions* of 1966, page 87. There is a natural tendency for us to assume that our responsibilities are discharged during the period of this Board Meeting. It is vitally important that effective lines of communication from the CDA to the corporate members and individual members of

the Association be continually improved. Conversely, the officers and Board of CDA must have the benefit of the thoughts and attitudes of those it is serving. To achieve this objective, a great deal of diligent effort by each member of the Board is required throughout the entire year.

6. Having been at the business meetings of two dental organizations this past year where the Chairman was someone other than the President and observing the efficacy of this procedure, it might be well for this Board to give consideration to adopting this measure.

Whereas within the framework of some dental organizations, it has been found desirable to appoint a chairman for the Annual Board Meeting, other than the President, and

Whereas it is considered in the best interests of CDA to have the active and voting participation of the President, and

Whereas the President through his experience has a broad knowledge of the Association's affairs, therefore be it

Resolved that the Executive Council be empowered to study the principles inherent in the appointment of a chairman for the Board of Governors' Annual Meeting, other than the president.

ADOPTED

Canadian Dental Association Dental Health Plan for Children

7. As a result of a resolution passed unanimously at last year's Board Meeting, the Executive Council directed me to appoint a Task Force for the development of a children's dental health plan for the Canadian Dental Association. Council also directed that I give top priority to this project and to utilize any and all of the resources of the Association to this end. No time or effort has been spared in the development of this plan. Any and every source of information both within and without the profession, provincially, nationally and internationally, has been solicited for information which might contribute to the deliberations of the Task Force. The result of the thoughts and efforts of many is now in your hands . . . for your deliberations and for your disposition. No one, least of all me, would suggest that it is perfection and I look forward to your constructive suggestions for its improvement. Although details of implementation will likely have to vary with individual provincial requirements, the plan before us comes as close as the Task Force could make it to meeting the joint aspirations of the profession and the public. It will, I believe, be looked upon as evidence of the profession's willingness to accept its rightful responsibility to meet the challenge of extending its services. I am confident that this Board will meet that responsibility.

Five-Year Projection

8. Another important matter before you and upon which you will be deliberating is the Five-Year Projection. Some may look upon this as merely a justification for the financial requirements of the Association. For my own part, I view this from a much broader point of view and place a great deal of importance on this project. This projection is an indication that the Association is not just dealing

with matters day to day but is thinking ahead and anticipating what the needs of the profession might well be for the next five years. It is an indication that we are acting now to meet problems which might arise in the future and not reacting to problems as they arise. As leaders of our profession, we may not be able to do more than this but surely we should not do less.

The Role of the National Association in Future Developments of the Dental Profession in Canada

9. The situations which other health professions have faced on the national level surely point out the need for a strong national dental organization. Similarly, situations which have arisen in the provinces point up the need that each province should have effective, strong dental organizations. I hold the firm conviction that both are necessary and that the stronger and more effective each is the more each can complement the other and the greater will be the result of this combined activity. During this past year, I have had the opportunity of meeting with members of our Association in each and every province of this great land of ours. I have taken advantage of this unique opportunity and have spoken to as many individual members of our Association and as many officers of provincial organizations as was possible to do. At the conclusion of each visitation, whether the organization was large or small, whether it was English-speaking or French, I came to the one conclusion, namely, that we all have the same aims, the same objectives, and, indeed, the same aspirations. However, in my opinion, there is need for closer liaison between the corporate members and the Canadian Dental Association.

In order to facilitate the recommendation suggested in paragraph 9 with reference to a "closer liaison between the corporate members and CDA," it is

Resolved that Board of Governors recommend that corporate members be invited to set up liaison committees to provide a more effective communication mechanism.

ADOPTED

Visitations

10. With two exceptions, every invitation to the President was accepted (see *Appendix A*). Due to the increasingly heavy work load which was placed upon our Secretary this last year, it was not possible for him to accompany me on many of my visits to dental organizations. Great disappointment was indicated when the Secretary was not present, and I would hope that the Secretary will be relieved of some of his work load at headquarters in order that he might be able to accept the many invitations which are extended him to visit with dental organizations throughout the country and abroad.

11. As has been reported in previous years, it was a rare privilege for the President and Secretary to receive the overwhelming hospitality of the American Dental Association during their Annual Meeting. The Secretary and I were privileged to sit in with the Board of Trustees and House of Delegates and to both of these groups I was proud to extend the greetings of the Canadian Dental Association.

12. Our Secretary was honoured by being conferred an Honorary Membership in the American Dental Association. This is another endorsement of the high esteem in which he is held in the international dental fraternity.

13. Greater opportunity was available this past year to visit with the provinces during their annual meetings. It was possible and deemed to be worthwhile to attend the annual meetings in Nova Scotia, Manitoba and Alberta, and board meetings of the Ontario Dental Association and the College of Dental Surgeons of the Province of Quebec.

14. On each and every occasion when the Secretary and I were representing the Association, we were accorded the warmest hospitality. While recognizing this as an indication of the esteem paid to high office in the Canadian Dental Association, we wish to express our personal thanks.

15. It has become apparent to me that it is desirable for the president and secretary to accept invitations which are extended to attend meetings of dental organizations. It seems, however, that it may not be necessary for both the president and secretary to attend all meetings. Consideration by this Board of the most effective use and pattern of president-secretary visitations would be very useful.

Appreciation

16. To the Secretary, Dr. McIntosh, I express your appreciation for his unremitting effort and devotion to the activities of the Association. This past year has been a particularly trying year for Dr. McIntosh as he has refused to spare himself and has put in many twelve to eighteen-hour days as well as numerous week-ends in the interest of the Association. To this, may I add my personal thanks and debt of gratitude.

17. To Dr. Frank Compton, the Editor of the Journal, go our continuing thanks for the degree of excellence attained by our Journal.

18. May I also, on your behalf, to the Director of the Bureau of Economic Research, Mrs. Isabel Brown, extend heartfelt thanks for the many hours over and above those of the normal day which she has spent in compiling the statistical information contained in the children's dental health plan. This has been a particularly productive year for Mrs. Brown and we congratulate her on the excellence of her results.

19. To our part-time comptroller, who puts in a full-time job for the Association, go the thanks of the Association for the contribution of his business acumen in the handling of the Association's business.

20. May I also pay tribute to the entire staff at headquarters and extend to them your appreciation for a year's work well done. I should like also to extend to them my personal thanks for the great assistance they have been to me.

21. To the office staff of the three dental organizations of British Columbia goes my deepest appreciation for their unstinting help in this past year. Indeed, it would not have been possible for me to discharge my duties without their generous help.

Resolutions

22. This report is composed of personal comments and no specific resolutions are presented to the Board.

This report is informative.

The President is to be congratulated upon his accomplishments during his tenure of office.

Appendix A

MEETINGS IN WHICH THE PRESIDENT WAS PRIVILEGED TO PARTICIPATE ON BEHALF OF THE ASSOCIATION

September, 1967

21	Quebec City
23	Halifax
25	Charlottetown
26	Moncton
28 & 29	St. John's

October, 1967

5	London	
6	Fort William	
30	Montreal Dental Club	
29 - 31	Washington, D.C.	American Dental Association

November, 1967

1 - 3	Washington, D.C.	American Dental Association
22 - 25	Toronto	Ontario Dental Association Board of Governors Meeting
23	Toronto Academy of Dentistry	

December, 1967

29 & 30	Los Angeles	Alpha Omega Fraternity honouring Dr. H. Hillenbrand
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January, 1968

19 & 20	Winnipeg	Manitoba Dental Association
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February, 1968

16	Sudbury
17	Sault Ste. Marie

PRESIDENT

Appendix A

March, 1968

18 Ottawa

April, 1968

5 & 6 Regina

College of Dental Surgeons of
Saskatchewan

8 Montreal

Joint meeting, La Société Dentaire de
Montréal, Montreal Dental Club
and Mount Royal Dental Society

17 Toronto

CMA-CDA Meeting

19 Quebec City

College of Dental Surgeons of the
Province of Quebec

May, 1968

2 & 3 Edmonton

Alberta Dental Association

13 - 15 Toronto

Ontario Dental Association

18 - 20 Buffalo, N.Y.

New York State Dental Society

22 Victoria

June, 1968

17 & 18 Regina

Canadian Medical Association

EXECUTIVE: *A. D. Fee, President, Edmonton; J. Nadeau, President-elect, Montreal; W. G. Woods, Secretary-Treasurer, Toronto.*

REPORT

(comment and action in **bold face type**)

1. The annual meeting of the Canadian Academy of Prosthodontics was held in the Royal York Hotel, Toronto, on May 15, 1967.

2. Sixty-nine registered members and guests attended the clinical portion of the program.

3. At the business meeting six new active members were received into the Academy as were three new associate members. The resignation of one active member was received with regret.

4. The Academy went on record as being in favor of strong support to the Canadian Fund for Dental Education and approved a donation of \$750.00 to the Fund.

The Board of Governors of the CDA notes with appreciation the continuing support of this Academy to the Canadian Fund for Dental Education.

5. *The Journal of Prosthetic Dentistry* is now the official publication of the Canadian Academy of Prosthodontics. Dr. Hart has been appointed as Associate Editor.

6. The following were nominated and elected to office: President, Dr. Alan D. Fee; President-elect, Dr. J. Nadeau; Secretary-Treasurer, Dr. W. G. Woods; Past President, Dr. W. G. Woods, Dr. K. M. Kerr. Members at Large: Dr. H. Crowson; Dr. M. Pottinger; Dr. H. Hart; Dr. D. Kepron; Dr. J. Fiset.

7. The ninth clinical meeting was held in Montreal at the Queen Elizabeth Hotel on October 29, 1967, with 51 members and nine guests present.

8. Permanent committees were formed to deal with Membership and Credentials, Constitution and By-laws, Clinical Program, and Auditing.

9. Four new active members and two new associate members were received. The membership of the Academy is now composed of five honorary, 101 active and 14 associates.

10. Drs. K. M. Kerr and W. G. Woods represented the Academy at the meetings of the Federation of Prosthodontic Organizations. This twelve-member organization will sponsor a workshop in co-operation with the American Association of

Dental Schools and the Council on Dental Education, on Advanced Education in Prosthodontics. Representatives from the Canadian dental schools have been invited to the workshop being held in Chicago July 8 and 9, 1968.

11. The next meeting of the Academy is to be held in Vancouver on June 27, 1968.

Resolutions:

12. This report is informative and no resolutions are submitted.

MEMBERS: *K. W. Davey, Chairman, Toronto; Y. Lafleur, St. Hyacinthe; N. J. Layton, Truro; D. J. Yeo, Vancouver; and C. H. McCormick, Winnipeg.*

REPORT

(comment and action in **bold face type**)

1. The Council on Public Health met at the CDA headquarters on March 7 and 8, 1968. The following persons attended the meeting: Council members (Dr. D. J. Yeo was unable to attend), Drs. Y. Lafleur, N. J. Layton, C. H. McCormick and members of the CDA executive staff.

2. The Chairman welcomed Dr. C. H. McCormick from Winnipeg as the new representative on the Council to replace Dr. A. R. S. Gray.

Publications

3. It was reported that current pamphlets had been revised and updated in 1967. Most of the publications are also available in French. This does not apply in a few instances where the pamphlets do not lend themselves to translation. The most recent publication in English is a cartoon strip type of booklet entitled *A Vital Service*. This seems to have been well received.

4. A draft of a pamphlet on preventive dentistry was presented. This is designed to highlight the preventive aspects of dentistry and to assist the dentist in bringing preventive procedures, both home and office, to the patient's attention. The following motion was approved:

"That Dr. N. J. Layton be requested to prepare, at an early date, a comprehensive pamphlet or leaflet) on preventive dentistry for use by the dentist for patient education."

5. The cost of distributing pamphlets was considered, resulting in the following approved motion:

"That the principle of limiting free distribution of CDA pamphlets to sample copies be adhered to except in those instances where promotional advantages are deemed to override the principle."

6. A report from the Alberta Dental Association on resource material available through the American Dental Association was examined. Council was pleased to have this report and directed that copies be sent to the provincial dental directors.

7. Council discussed the feasibility of using American Dental Association pamphlets to supplement those produced by CDA. Inquiries are being made to the American Dental Association in this regard.

Educational Aids

8. The Council approved the purchase of a new 60-second educational TV film directed at the very young age group and entitled *Lion and the Mouse*. It also

agreed that when the next such film for TV is being considered, the adolescent or adult age group should be the target group.

9. The Council recommended that eleven of the 60-second TV public service clip-on films which are currently in use be reprinted for continued circulation.

10. The CDA has a library of nine dental educational films varying in length from eleven to twenty-eight minutes. Eight of the films are without a CDA identification trailer, and the Council recommended that trailers be attached to all films provided money is available. There is one French language film on fluoridation available in Montreal but this is not part of the CDA library. Trailers have been ordered and are in process of being attached to the appropriate films.

11. The handling of all educational films has now been taken over by a professional service for maintenance and distribution.

Fluoridation

12. It was reported that a Fluoridation Section has been established within the Bureau of Public Information. This Section attempts to collect and maintain up-to-date statistics on fluoridation, offers assistance to communities where fluoridation is an issue, develops news releases on the subject and in general works to promote this public health measure.

13. As directed by the Board of Governors (1967 *Trans*: 158, 6) the question of mandatory fluoridation legislation was examined and carefully reviewed. Council's opinion on the subject is expressed in the following resolution which Council approved:

Whereas the fluoridation of communal water supplies is an important public health procedure of great consequence to the dental health of the Canadian people, and

Whereas the Canadian Dental Association has for many years reiterated its unequivocal endorsement of fluoridation as a safe and beneficial public health measure, and

Whereas there are many Canadian communities in which the residents are still not benefiting from the introduction of this sound public health measure, and

Whereas prolonged delays in having the measure introduced are detrimental to the dental health of the communities concerned, and

Whereas legislation requiring the proper adjustment of the fluoride content of communal water supplies would undoubtedly hasten its introduction and the attending health benefits, therefore be it

Resolved that the Council on Public Health supports the principle of legislative action to make the adjustment of the fluoride content of communal water supplies to recommended levels a mandatory procedure whenever and wherever it is expedient to do so.

Appendix C

Preventive Techniques in Practice

14. The Board's resolution (1967 *Trans*: 159, 7) has been transmitted to the deans of the Canadian dental schools.

Public Health Survey

15. The recommendations of the second phase of this survey were received and discussed. This phase deals with "A Survey of Dental Public Health Within the Dental Profession and Within Public Health Agencies Including Those of Government." In the form of a motion, Council complimented the members of this survey team for their excellent work.

Geriatrics in Dentistry

16. The University of Alberta is not yet in a position to offer specific conclusions or suggestions on the research program that is being conducted there on geriatric dentistry. Council agreed to continue its study of geriatric dentistry in Canada and assigned this specific task to one of the Council members. It is hoped that some concrete suggestions will be forthcoming in this area, although it is a very difficult problem on which to make specific recommendations.

Newspaper Column

17. It was reported to Council that the daily newspapers seemed to be disinterested in supporting a syndicated newspaper column concerned with dentistry; on the other hand, Council has received favourable reports from the weekly newspapers, and at the moment is negotiating to have short articles on dentistry circulated throughout the Canadian Weekly Newspaper Association.

National Dental Health Day

18. Council reviewed past and present practices pertaining to national and provincial dental health day observances. Council agreed to support the concept of a National Dental Health Day, but recommended that, if such a program is to be nationally effective, it would require additional staff and funds.

Additional Future Activities

19. Council will investigate the use of radio as a medium for spot announcements and other public service communications.

Resolutions

20. This report is informational and no resolutions are submitted.

The Council is to be congratulated for its work during the year.

ELECTIVE OFFICERS: *R. A. Connor, President, Ottawa; J. J. Marineau, President-elect, Montreal; J. M. Conchie, Secretary, Cloverdale, B.C.; T. J. Gavrilloff, Treasurer, Edmonton.*

REPORT

(comment and action in **bold face type**)

1. The inaugural business meeting of the general assembly of the Canadian Society of Public Health Dentists was held on May 17, 1967, in the York Room of the Royal York Hotel, Toronto, Ontario, in conjunction with the CDA/ODA Centennial Convention.
2. Dr. R. A. Connor, the first President of the Society, assumed chairmanship of the business session, and in his introductory remarks reported that the application of the Society for recognition as a Section had been approved by the Board of Governors of the Canadian Dental Association. He also reported that the application for recognition of the Society as a specialty had been submitted to the Association but was not considered because of the current moratorium on recognition of additional specialties. The President expressed the appreciation of the members of the Society at the action of the Board with respect to the application for section status.
3. Dr. Connor also expressed appreciation on behalf of the Society to the chairmen of the four standing committees and particularly singled out the Committee on Constitution and By-laws for their commendable endeavour in drawing up the Constitution and By-laws of the Society, which has also received the approval of the Council on Constitution and By-laws of the Canadian Dental Association.
4. The membership roll shows sixty-five active members, and a breakdown of these memberships shows representation of the Society in each of the ten provinces of Canada.
5. This being the first annual meeting of the general assembly and the present elective officers' terms of office were not a full year, the general assembly unanimously approved the re-election of the elective officers. The following standing committees were elected to office: Constitution and By-laws, Chairman, D. W. Lewis with members R. E. Feasby and A. M. Hunt; Committee on Membership, Chairman, A. M. Hunt with members Y. Lafleur and G. Rochon; Committee on Annual and Scientific Sessions, Chairman, C. H. McCormick with members P. Simard and S. J. Gallagher; Committee on Public and Professional Relations, Chairman, L. J. Bonneau with members B. Martinello and W. King.
6. Following the business session, Dr. K. C. Charron, Deputy Minister of Health for the Province of Ontario, spoke to the Society on the most recent developments in public health in Ontario with particular reference to dentistry

and dental public health. The President thanked Dr. Charron for his excellent address and his kindness in taking the time from a very busy schedule to speak to the group.

7. Next meeting to be in Vancouver, June 27-29, 1968.

Resolutions

8. The report is informational and no resolutions are submitted.

This is an informative but brief report of the inaugural meeting of this Society and wishes were expressed concerning the successful future of this new organization.

MEMBERS: *R. M. Grainger, Chairman, Vancouver; G. H. Beaton, Toronto; D. C. Teskey, Toronto; M. C. Johnston, Agincourt; H. G. Poyton, Toronto; A. Demirjian, Montreal; J. F. Cleall, Winnipeg; R. H. Bingham, Halifax; L. E. Francis, Montreal; Z. Kasloff, Winnipeg; D. S. Moore, London; R. Jordan, London; M. W. Packer, Edmonton.*

REPORT

(comment and action in **bold face type**)

1. Council met at CDA headquarters, February 22-23, 1968. Dr. R. V. Blackmore, Chairman of the Associate Committee on Dental Research of the National Research Council, Dr. R. A. Connor, Chief, Dental Division, Department of National Health and Welfare, and Dr. R. Burgess, Faculty of Dentistry, University of Toronto, attended by invitation.

Conference on Dental Research

2. A conference of Canadian dental research workers is scheduled for October 24-26, 1968, in conjunction with a meeting of the Association of Canadian Faculties of Dentistry and the official opening of the new dental school at the University of Western Ontario in London, Ontario. Dr. D. Moore reported on plans for the conference and expressed the hope that financial support for the conference would be forthcoming.

CDRF Research Award

3. Dr. Demirjian, on behalf of his subcommittee, displayed the attractive plaques which had been purchased to accompany the awards. Council approved and directed the subcommittee to proceed with the necessary inscriptions.
4. Proposed regulations and application forms with respect to the awards were also presented by the subcommittee and were approved in principle. See *Appendix A*. See also resolution paragraph 19.

Canadian Fund for Dental Education

5. Dr. M. C. Johnston was appointed as Council's liaison with CFDE. He was asked to bring Council's views re summer studentships and other awards to the attention of the CFDE trustees.

Fluoridation

6. Although evidence was presented on the non-dental beneficial effects of fluorides on older people, Council is of the opinion that there is not sufficient evidence to warrant a change in the CDA policy statement at the present time.
7. The CDA policy statement on water fluoridation as adopted in 1966 (1966 *Trans*: 166) and confirmed in 1967 (1967 *Trans*: 164) was unanimously re-endorsed. See *Appendix B*.

8. Council attempted to deal with the question "What is the most acceptable method of supplying fluorides to infants?" The following statement resulted and was approved:

"Derivation of fluoride from communally or home fluoridated water supplies is the most acceptable route for infants; the desirable dosage of a pharmaceutical supplement is not known for this age group. Where, for any of a number of reasons, communal or home fluoridation is not practical, administration of fluoride as a supplement given daily in a small volume of water or other liquid should be considered."

The Council on Research is commended for developing a statement on acceptable methods of supplying fluorides to infants.

Carbohydrates and Dental Caries

9. The CDA policy statement on Carbohydrates and Dental Caries (1964 *Trans*: 158) was reviewed. Council is indebted to Dr. R. Burgess and Dr. J. Kreutzer for their assistance with this project. The subject will receive further study in the ensuing year.

Canadian Standards re Dental Products

10. The subcommittee on Canadian Standards Association made a progress report on its study of the need and possibilities for establishing an agency to set standards and review claims of manufacturers concerning dental materials, drugs and equipment on behalf of the profession. See *Appendix C*.

11. The subcommittee will meet in Vancouver at the time of the annual meeting to outline more specific recommendations by which to accomplish its three main objectives, namely:

- (1) dissemination of information about materials and devices through pages of the *Journal*,
- (2) to seek financial assistance in establishing the program which hopefully would eventually include testing facilities,
- (3) close co-operation with the FDI specifications committee.

The three main objectives of the Council were noted but the Board is concerned regarding their economic feasibility at this time.

Association Committee on Dental Research, NRC

12. Representatives of Council were invited to attend an extraordinary meeting held at NRC in Ottawa, December 15, 1967, for the purpose of establishing guidelines under which the Associate Committee on Dental Research might be willing to join with the Medical Research Council as a temporary measure pending establishment of a Health Science Research Council.

13. The following groups were represented at the extraordinary meeting:

- (1) NRC Associate Committee on Dental Research.
- (2) Association of Canadian Faculties of Dentistry

- (3) Dental Division, Department National Health and Welfare
- (4) Research Council, CDA.

14. No definitive action had been taken at the time of writing this report.

Science Secretariat of the Privy Council

15. As mentioned in the last annual report (1967 *Trans*: 165, 14) the possibility of inviting the Science Secretariat of the Privy Council to do a survey of dentistry in Canada was considered. Because of anticipated changes in the administration of health science research, no further action has been taken along this line.

Survey of Dental Research

16. The chairman contacted the Canadian dental schools in the early part of 1968 with respect to the biennial survey of dental research in Canada. A report on the survey appears in *Appendix D*.

Canadian Dental Research Foundation

17. The annual meeting of the Board of Directors of the Canadian Dental Research Foundation was held February 23, 1968. The elected officers for 1968 are R. M. Grainger, President; H. G. Poyton, Executive Member; W. G. McIntosh, Secretary.

18. The financial statement of the Foundation for the year ending December 31, 1967, is given in *Appendix E*.

Resolutions

19. That the regulations and application forms for the Canadian Dental Research Foundation awards as presented in *Appendix A* be approved in principle and

That the Research Council be authorized to finalize both the regulations and application form, and proceed to establish the annual award as early as possible.

APPROVED

20. That the CDA Board of Governors re-endorse the policy statement on fluoridation of communal water supplies as presented in *Appendix B*.

APPROVED

The main body of this report is informative in nature.

A word of appreciation is due to the Chairman and his able Committee for their efforts on behalf of the Association.

Appendix A

CANADIAN DENTAL RESEARCH FUND — RESEARCH AWARD

Purpose of Award

1. To encourage research related to dentistry conducted by graduate (or post-graduate) students in Canada.

Nature of Award

2. A prize of \$500.00 and a miniature plaque will be made available annually and presented to the student who will have submitted the best report on a research project.
3. The CDRF trophy will also be presented to the Dean of the Dental Faculty or to the Chairman of the Department in which the research was conducted. The trophy will remain in this institution for a period of one year.

Eligibility

4. Entries are limited to graduate (or post-graduate) students who have completed their research within the previous twelve months and who have conducted this work in a Canadian university.

Nature of Report Submitted

5. Six typewritten copies (double spaced) should be submitted in the form of a paper suitable for publication. This paper must be based on original research and must not have been previously published. The manuscript should not exceed 25 pages, including photographs and illustrations. Entries should be submitted to the Secretary of the Canadian Dental Association at 234 St. George Street, Toronto, not later than October 1st. One copy of the winning report will be bound and filed at the CDA library.

Evaluation of Reports Submitted

6. The entries will be judged by a panel of five referees appointed by the Council on Research of the CDA. The Chairman, at least, should be a member of this Council. The panel should be chosen with a view to geographical distribution and should have a multi-disciplinary nature. The period of office will be three years and renewable for an equal period.

Publication

7. The award-winning essay will be submitted for possible publication, in its entirety in abstract form, to the *Journal of the Canadian Dental Association* but publication in a journal relevant to the particular topic will not be restricted.

Presentation of the Award

8. If possible the award should be presented and the paper read at the annual meeting of the CDA or at the Canadian Conference on Dental Research.

Announcement of the Award Competition

9. The Canadian dental faculties and schools of graduate studies should be informed of the existence of the award and the regulations pertaining thereto.

CANADIAN DENTAL RESEARCH
FOUNDATION AWARD

Presented annually to the graduate student submitting
the best report in dental research.

to be engraved on trophy

CANADIAN DENTAL RESEARCH FUND
APPLICATION FOR GRADUATE DENTAL RESEARCH AWARD

1. Name

SurnameGiven Names

2. Present address

3. Nationality

4. Place of birth

5. Date of birth

daymonthyear

6. Resident in Canada since

7. Degrees and diplomas obtained:

Degree/DiplomaUniversityYear

.....

8. Graduate Training:

Give details of graduate academic and/or research training received:

DatesUniversitySupervisor

.....

9. Research: What research work has the candidate been engaged in, either before or after graduation:

(a) Subject of researchDateSupervisor

.....

(b) Indicate briefly the character of the research and the results obtained:

.....

(c) List papers published (state date and place of publication in each case, and give names of co-authors if applicable) :

.....

10. In what institution and department will candidate receive his research training?

11. Supervisor

12. Date of completion of the work

Signature of StudentSignature of Supervisor

STATEMENT ON FLUORIDATION

Whereas tooth decay, by affecting the vast majority of people in Canada, is one of the major public health problems of our time, and

Whereas for over a quarter of a century scientific studies under a wide variety of controlled conditions have established fluoridation as one of the most extensively studied public health procedures, and

Whereas such studies reveal that the use of fluoride in the recommended amount of one part of fluoride to one million parts of water is completely safe and is effective in reducing tooth decay by approximately two-thirds, and

Whereas fluoridation benefits children and the benefits extend into adult life, therefore be it

Resolved that the Canadian Dental Association reiterates its recommendation to the people of Canada that communities having a public water supply adopt a procedure for adjusting the fluoride content of their water supply to a level considered optimal for the maximum prevention of dental decay, and for this purpose seek competent dental, medical and engineering advice.

Appendix C

REPORT OF THE SUBCOMMITTEE ON CANADIAN STANDARDS
ASSOCIATION

1. In accordance with the comments and action of the Board of Governors of the CDA in May, 1967, the Council on Research instructed this subcommittee to outline the form and method that assessment of materials, devices and therapeutic agents should take.
2. As chairman of this subcommittee, I invited Dr. Richard Roydhouse of the Faculty of Dentistry, University of British Columbia, and Dr. Leonard Johnson of the Faculty of Dentistry, University of Western Ontario, to act with me on this committee in an advisory capacity. The initial task assigned was to consider the desirability of compiling Canadian standards on products as an ultimate goal, and on an immediate basis, to evaluate new products and possibly old ones offered to the dental profession in Canada.
3. It appears highly unlikely that any central testing and evaluating laboratory would be set up in the foreseeable future. Therefore, this committee believes that the following should be pursued.
 - (1) The provision of financial support for technical assistance to the present three centres having testing laboratories would enable a program of evaluation to be initiated.

RESEARCH

Appendix C

- (2) A special section in the *Journal of the Canadian Dental Association* be set aside for the dissemination of information to the dental profession in Canada.
- (3) A continuous exchange of ideas and information must take place between the members of this subcommittee in order to conduct research and evaluation of materials, devices and therapeutic agents on an organized planned basis. This will require some form of financial assistance for very limited travel and telephone communication.
- (4) More active participation in the work of the Federation Dentaire Internationale and International Standards Association is strongly recommended. The ultimate aim of this association should be to co-operate and participate in the International Standards Organization Technical Committee 106 which deals specifically with dental matters and whose aim is to standardize specifications on an international basis. Although the Canadian Standards Association has requested status as an observer to the I.S.O./TC 106 — Dentistry in the past, our position would be better served by becoming a participating member, permitting this country to make its proper contribution in the field. In this regard it is also recommended that provisions be made for this subcommittee to be represented at the annual meeting of the Canadian Standards Association.
- (5) Initially, and almost immediately, this subcommittee can act as a reviewing body to prepare and provide status reports which summarize existing information about certain dental materials and devices and which can be published as information in the *Journal of the Canadian Dental Association*.

Respectfully submitted,

Z. Kasloff, *Chairman,*
Subcommittee on Dental Materials
to Canadian Standards Association

Appendix D

SURVEY OF DENTAL RESEARCH IN CANADA 1967

1. Because of the current negotiations for transferring support for dental research from the National Research Council to the Medical Research Council it was felt that there was need for conducting a survey for the year 1967-68 and also to attempt projections for the succeeding five years.
2. The survey was restricted to Canadian dental schools for practical reasons described in the 1967 *Transactions*, pages 176-177. In the present survey special interest was to be given to projections based on estimates of planned or expected growth in the nine dental schools.

Number of Research Personnel — Table I

3. The greatest increase in research personnel is in the D.D.S. holders with research degrees. However, technical personnel have also been employed in larger numbers.
4. The general trend indicated by the estimates of future personnel requirements is for greater than three-fold increase in the next five years. This is not only because of the addition of three new dental schools but by the extensive expansion proposed in the Montreal and Toronto facilities.

Research Space and Equipment — Table II

5. The amount of research space in dental schools has continued to increase but there is little change in the amount of space devoted to dental research in other places on the campuses.
6. The projection of space planned is approximately three-fold in terms of square feet.
7. The current adequacy of equipment is still only such that half the schools feel they are properly equipped. Projections suggest that plans are being made to overcome this deficiency.

Graduate and Post-Graduate Students — Table III

8. The most encouraging finding of the survey is the nearly four-fold increase planned in graduate and post-graduate students. The increase planned in training in clinical specialties is especially significant.

Financial Requirements — Table IV

9. The increase in financial support which the dental schools have indicated they will require is, of course, generated by the increased facilities and plans for increased training output. Over the next five years it is anticipated that almost a four-fold increase will be required if the new facilities are to be utilized as planned.
10. Most of the financial aid is expected from a steadily growing support through either the National Research Council or the Medical Research Council.

TABLE I **NUMBER OF RESEARCH PERSONNEL — CANADIAN DENTAL SCHOOLS — 1954-1968 AND PROJECTIONS TO 1973**

Year	School	Professional Personnel				Technical Personnel
		DDS only	DDS plus Research Degree	Research Degree only	Total	
1954	5 schools	10	11	9	30	13
1959	5 schools	3	21	4	28	13
1964	6 schools	6	41	10	57	38
1967	6 schools	11	52	12	75	49
1968	Alberta	6	11	1	18	6
	British Columbia	6	11	1	18	19
	Dalhousie	0	2	0	2	1
	Manitoba	4	13	7	24	—
	McGill	2	3	0	5	0
	Montreal	3	6	3	12	13
	Saskatchewan	0	4	0	4	0
	Toronto	0	11	1	12	12
		—	—	—	—	—
1968	Totals	21	61	13	95	51
1969*	8 schools	26	86	17	129	73
1970*	8 schools	32	111	24	167	100
1971*	8 schools	36	130	33	199	121
1972*	8 schools	38	152	40	230	147
1973*	8 schools	40	166	47	253	165

*Projections obtained by questionnaire

TABLE II **RESEARCH SPACE AND EQUIPMENT — CANADIAN DENTAL SCHOOLS — 1954-1968 AND PROJECTIONS TO 1973**

Year	School	Research Space (sq. ft.)		Equipment	
		Dental School	Other	Adequate	Inadequate
1954	5 schools	4,600	3,117	2	3
1959	5 schools	28,450	1,700	3	2
1964	6 schools	36,920	2,930	2	4
1967	7 schools	50,048	4,016	3	4
1968	Alberta	3,120	530		X
	British Columbia	6,500	3,000		X
	Dalhousie	1,100	Temp?	X	
	Manitoba	10,500	—	X	
	McGill	3,800	100		X
	Montreal	8,000	0	X	
	Saskatchewan	—	500		X
	Toronto	13,031	1,500	X	
	Western	—	—	—	—
		—	—	—	—
1968*	Total	46,051	5,630	4	4
1969*	9 schools	48,951	7,380	3	5
1970*	9 schools	61,951	7,380	4	4
1971*	9 schools	76,931	7,380	7	1
1972*	9 schools	150,700	7,380	6	2
1973*	9 schools	162,700	7,380	7	1

*Projections obtained from questionnaire

GRADUATE AND POST-GRADUATE STUDENTS — CANADIAN
TABLE III DENTAL SCHOOLS — 1954-1968 AND PROJECTIONS TO 1973

Year	School	Number of Students					
		Graduate			Post-Graduate		Total
		Ph.D.	M.S.C.		Clinical Spec'lty	Other	
			Clinical	Other			
1954	5 schools	0	7	0	0	0	7
1959	5 schools	0	0	6	12	3	21
1964	6 schools	3	2	9	13	4	31
1966	7 schools	6	14	28	31	11	90
1968	Alberta	0	0	3	1	0	4
	British Columbia	0	0	0	0	0	0
	Dalhousie	0	0	0	0	0	0
	Manitoba	6	0	10	0	1	17
	McGill	1	0	0	0	0	1
	Montreal	0	6	0	0	0	6
	Saskatchewan	0	0	0	0	0	0
	Toronto	0	0	6	37	15	58
	Western	—	—	—	—	—	—
1968	Total	7	6	19	38	16	86
1969*	8 schools	8	10	31	49	9	107
1970*	8 schools	12	14	45	55	11	137
1971*	8 schools	16	29	60	65	11	181
1972*	8 schools	22	46	80	107	12	267
1973*	8 schools	25	49	96	146	13	329

*Projections obtained by questionnaire

ESTIMATED RESEARCH EXPENDITURES — CANADIAN DENTAL
TABLE IV SCHOOLS — 1954-1968 AND PROJECTIONS TO 1973

Year	School	Source of Funds				Total
		NRC or MRC	Dept. NH & W	Industry	Other	
		\$	\$	\$	\$	\$
1954	5 schools	26,870	30,000		20,000	76,870
1964	6 schools	194,400	48,500	44,700	59,800	347,400
1966	7 schools	397,388	118,853	35,700	58,709	610,650
1968	Alberta	41,555*	21,500	0	xx	63,055
	British Columbia	64,611	10,235	1,260	2,700	78,806
	Dalhousie	19,000				19,000
	Manitoba	150,000	32,000	10,000		192,000
	McGill	8,000	0	1,500	0	9,500
	Montreal	12,000	35,000	0	20,000	67,000
	Saskatchewan	30,650	6,375		2,000	39,025
	Toronto	84,302	36,668	0	4,018	124,988
	Total	410,118	141,778	12,760	28,718	593,374
1969**		485,333	174,512	11,500	58,000	729,345
1970**		701,000	276,000	17,000	108,000	1,102,000
1971**		1,093,000	345,000	25,000	145,000	1,608,000
1972**		1,430,000	370,000	31,000	170,000	2,001,000
1973**		1,704,000	400,000	40,000	205,000	2,349,000

*Includes NRC funds from general research fund, University of Alberta (\$5,250)

**Obtained by questionnaire

xxNo allowance has been made for indirect support from the University of Alberta

RESEARCH

Appendix E

THE CANADIAN DENTAL RESEARCH FOUNDATION
(Incorporated without share capital under the laws of Canada)

BALANCE SHEET
December 31, 1967

ASSETS		
Current account		
Cash	\$ 216.42	
Accrued interest on bonds	220.29	
		\$ 436.71
Capital account		
Cash	\$ 208.77	
Government and government guaranteed bonds, at cost (par value \$18,500)	\$18,411.38	
		18,620.15
		<u>\$19,056.86</u>
SURPLUS		
Current account	\$ 436.71	
Capital account	18,620.15	
		<u>\$19,056.86</u>

THE CANADIAN DENTAL RESEARCH FOUNDATION
CURRENT ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS
YEAR ENDED DECEMBER 31, 1967

Revenue		
Interest on investments held by trust company	\$ 686.50	
Bank interest	31.07	
		\$ 717.57
Expenditure		
Trust company fees	\$ 44.31	
Transfers to Canadian Dental Association, General Account		
Regular	580.00	
Special	1,173.04	
		1,797.35
Excess of expenditure over revenue for the year	\$ 1,079.78	
Current account surplus at beginning of year	1,516.49	
Current account surplus at end of year	\$ 436.71	

REPORT

(comment and action in **bold face type**)

The special resolutions committee has, with great care, made a list of those people who have given unstintingly of their time and effort to ensure the success of our meeting. Singled out for special recognition are the following:

1. **Father Bauer, St. Mark's College, University of British Columbia, who delivered the invocation at the opening session of the Board;**
2. **Dr. John Ryan, General Chairman of the 1968 Convention Committee, and Mesdames John Ryan and Alva E. Swanson, co-chairmen of the ladies' program;**
3. **President and Mrs. Wesley P. Munsie for their gracious hospitality at their home;**
4. **Dr. Alva E. Swanson, President of the British Columbia Dental Association;**
5. **Mr. T. H. McAlevey, General Manager, Mr. Kirk Macbeth, Director of Sales, and the staff of the Hotel Vancouver for the co-operation and help in all areas of the Board of Governors meeting and the Convention proper;**
6. **The Government of the Province of British Columbia for hosting the Friday Luncheon;**
7. **Mrs. Carl Johnson for her gracious hospitality to the ladies of the Board of Governors at her home.**

It is understood that the Convention Chairman will, in the name of the Association, express our appreciation to the many individuals, companies and other organizations which have contributed to the success of the Convention.

It is moved by the Chairman that the report of the Special Resolutions Committee be adopted.

ADOPTED

RESOLUTIONS SUBMITTED

REPORT

(comment and action in **bold face type**)

Alberta Dental Association

1. That the Alberta Dental Association extend an invitation to the CDA to hold their Annual Convention in Alberta after 1973.

The Board of Governors refers this invitation to the Conventions Subcommittee for their consideration.

2. Whereas the implication that an examining body directly examine each University and Dental School is wrong in principle, and
Whereas the function of the Association of Canadian Faculties of Dentistry in surveying and accrediting components of its own organization should not be endorsed, therefore be it
Resolved that the selection and function of accreditation teams be the sole responsibility of the Council on Education of CDA.

The Board comments by way of the following resolution:

**Whereas the Council on Education has reported that it has initiated a joint study of accreditation with the National Dental Examining Board of Canada and the Association of Canadian Faculties of Dentistry, therefore be it
Resolved that the resolution submitted by the Alberta Dental Association be referred to the Council on Education for Council's consideration.**

ADOPTED

3. Whereas the affairs of the CDA require an increasing amount of time on the part of its executive officers, and
Whereas this demand on their time presents a definite and severe financial hardship, and
Whereas this may, and does, affect the feasibility of men of high calibre being able to assume the arduous responsibilities of these offices, and
Whereas the President of the CDA is the chief executive officer of the Association, and is particularly affected by the conditions mentioned above, therefore be it
Resolved that the CDA reconsider the question of adequate remuneration for the President of CDA during his term of office to the extent that he will be relieved of any financial embarrassment as a result of his duties, and further,
That the ADA make an extraordinary allocation in the amount of \$2,000.00 to the CDA, specifically designated for the purpose of Presidential compensation.

**The Board does not agree with the resolution and recommends the following action:
Resolved that the CDA provide adequate remuneration for the President of CDA during his term of office.**

ADOPTED

British Columbia Dental Association

4. Whereas there is a critical shortage of university teachers in dentistry in Canada, and

Whereas there is reliable evidence to show that the amount of present stipends for dental graduates contemplating teaching careers is a deterrent against greater numbers of dental graduates embarking on teaching careers, therefore be it

Resolved that the CDA urge the appropriate federal government agencies to substantially increase stipends for dental graduate students preparing for teaching careers in dentistry.

ADOPTED

5. Whereas there is a critical shortage of university teachers in dentistry in Canada, and

Whereas present methods for dental teacher training are inadequate to meet the growing needs of Canadian dental schools, and

Whereas some Canadian dental schools are in a position to develop teacher training programs but are unable due to inadequate financial assistance from provincial governments, therefore be it

Resolved that the CDA urge the appropriate federal government agencies to make federal funds available for Institutional Block Grants for teacher training in dentistry.

The Board of Governors notes the intent of Resolution No. 5 and

Resolves that the Executive Council acquaint the Government of Canada with the urgent need for additional dental teachers to meet the dental personnel requirements throughout the country.

And that the corporate members be urged to make similar representation to the several provincial governments, each with a view to the provision of additional public funds in support of dental teacher training.

ADOPTED

Manitoba Dental Association

6. Be it Resolved that the CDA sponsor and promote a national Children's Dental Health Week as an annual event with participation of the provincial associations and government.

The resolution was considered and the Manitoba Dental Association is commended for introducing it. It is felt that its introduction is, however, not timely and it is moved that the resolution be referred to the Council on Public Health.

ADOPTED

7. Be it Resolved that for the purpose of income tax allowance, the CDA urge the government to allow Association members to participate in two conventions a year and in the event that they participate in more than two conventions that they be allowed to carry forward as an expense item to the succeeding years but not to extend beyond a three-year period.

It is moved that this resolution be referred to the Subcommittee on Taxation.

ADOPTED

The Montreal Dental Club Inc.

8. Whereas excessive duties and taxes are imposed on imported dental equipment, instruments, materials, drugs and also upon dental laboratory equipment, instruments and supplies, and

Whereas these duties and taxes increase the cost to the Canadian dentist by as much as 60 percent in some cases over what his counterpart in the United States might pay for the same item, and

Whereas these items are necessary and essential to the practice, teaching, and maintenance of a high standard in dentistry deserved by the Canadian people, and

Whereas none of these items is manufactured in Canada nor will be in the foreseeable future due to the relatively small market and due to their specialized nature, and

Whereas the increased cost of the above-mentioned items presents a very real hardship to the dental student, dental school, practising dentist and dental technician in their efforts to maintain a high standard and to keep abreast of ever-changing and improving techniques, and

Whereas the citizens of Canada must eventually pay these taxes in a significant increase in cost for a given service or decrease in quality or lack of the service for economic reasons, therefore be it

Resolved that all duties and taxes be removed immediately from all articles which are used to restore and improve the dental health of the Canadian people.

The resolving clause of this resolution is not within the jurisdiction of the Board of Governors. The attention of the Montreal Dental Club is directed to *Appendix K* of the Executive Report which states the action taken by the CDA.

9. Whereas the Canadian Dental Association has indicated that it will present the basis for a universal compulsory dental treatment scheme to the federal government, and

Whereas the Government of Quebec has indicated that it is not at present able to enter into any national health plan, and

Whereas health legislation is a responsibility of the provincial governments, and

Whereas the submission of the Canadian Dental Association Plan at this time could embarrass the dentists of Quebec as well as those of the provinces similarly inclined, and

Whereas most other responsible national organizations are aware of the need for prudent restraint in the expansion of government spending, and

Whereas this proposed action of the Canadian Dental Association forces the dentists of Canada to support an action which would appear to be detrimental to the national interest, therefore be it

Resolved that the Canadian Dental Association reconsider their decision to submit this plan to the federal government.

The action of the Board of Governors with respect to the CDA Dental Health Plan for Children makes this resolution non-applicable.

Special Order of Business

Nova Scotia Dental Association

Resolved that the Executive Council be directed to urge the Government of Canada to ensure that under any plans concerned with the provision of health care for the Canadian People and where payment may be authorized to a physician for services which may be rendered with equal competence by a dentist, provision be made for payment to dentists on the same basis as to the physician, and

That the corporate members be urged to take similarly appropriate action in this regard with the several provincial governments.

ADOPTED

EXECUTIVE: *W. R. Scott, President, Vancouver; J. D. Purves, Past President, Toronto; S. R. Katz, President-elect, Winnipeg; D. H. MacDougall, Secretary-Treasurer, Edmonton.*

REPORT

(comment and action in **bold face type**)

1. An executive meeting was held May 12, 1967, in the Royal York Hotel, Toronto.
2. A committee to consider restorative dentistry as a specialty has been established.
3. A committee to consider curriculum requirements for a specialist in restorative dentistry has been established.
4. The following executive was elected: W. R. Scott, President, Vancouver; S. R. Katz, President-elect, Winnipeg; D. H. MacDougall, Secretary-Treasurer, Edmonton; J. D. Purves, Past President, Toronto; Area Representatives: Eastern provinces, E. S. Morrison, Halifax; Quebec, H. Rosen, Montreal; Ontario, J. D. Purves, Toronto; Manitoba, S. R. Katz, Winnipeg; Saskatchewan, Gordon Schwann, Regina; Alberta, L. A. Hague, Edmonton; British Columbia, W. R. Scott, Vancouver.
5. Membership: Seven new members were elected; active members, 49; associate members, one; honorary members, three.

Resolutions

6. No resolutions are submitted.

The report of the Section on Restorative Dentistry is noted as information.

The Section is commended for its interest in and efforts on behalf of higher standards in this important subject.

INFORMATION PRESENTED TO THE CANADIAN DENTAL
ASSOCIATION BOARD OF GOVERNORS, JUNE 25, 1968

(comment and action in **bold face type**)

1. On March 18, 1965, on petition of the Canadian Dental Association, the Parliament of Canada passed Bill S-44 and made official the creation of the Royal College of Dentists of Canada.
2. The provisional Council of the College, which had been appointed earlier by the Canadian Dental Association, met in Toronto on September 17, 1965, and elected the first Council of the College.
3. Council then began the difficult and sometimes thankless task of choosing a number of Charter Fellows and by this means actually created a living organization. Early in its deliberations, Council decided arbitrarily that the number of men admitted to the College through Charter Fellowships should be kept small and in direct proportion to the number registered in each specialty. The Act of Incorporation specified that Charter Fellows must have achieved distinction "in a specialty."
4. The selection of Charter Fellows caused some unfortunate bad feelings and, in retrospect, it would appear that a few regrettable omissions occurred. I would stress here that I suspect that no selection could have met with universal acceptance. Criticism was inherent with limited selection of Charter Fellows and some unhappiness was bound to follow.
5. In an attempt to minimize the omissions the specialty groups were asked to submit names of men who they felt should have been given Charter Fellowship, so that Council might reconsider this problem. The resultant correspondence indicated the great variation of opinions that exist. After great deliberation, Council decided that attempting to amend oversights at this time would create a new and probably worse set of bad feelings, and, accordingly, at its last meeting Council passed a motion that, at the present time, Charter Fellowship not be reopened.
6. In May, 1966, the Royal College held its first Convocation at Convocation Hall, University of Toronto, and Charter Fellowships were conferred upon 77 dentists. Honorary Fellowships were conferred upon two dentists. The Honorary Fellows were Dr. Mervyn A. Rogers of Montreal and Mr. Terence Ward, Dean, Faculty of Dental Surgery, the Royal College of Surgeons of England.
7. Special examinations, as provided for in the Act (*Bill S-44*), Section 6.2, for specialists who held provincial specialty certification upon the coming into force of this Act, were held in March, 1967. There were 97 candidates and 82 were successful. The failure rates were Oral Surgery 23%, Orthodontics 6%, Paedodontics 20% and Periodontics 18%. There was one Prosthodontic candidate and he was successful. Convocation for 81 of these successful candidates was held

in May, 1967. Honorary Fellowships were conferred on Dr. J. W. Clay, Dr. H. M. Worth and Dr. M. H. Garvin.

8. In September, 1967, the first Part I, or Basic Science, examinations were held in four centres across Canada, for candidates who had completed approved graduate training in one of the specialties recognized by the Canadian Dental Association. These examinations were set by specialists in each specialty of dentistry and by scientists who had experience in teaching basic sciences in post-graduate courses for dentists.

9. The calibre of these examinations was considered high by the few people, outside the College, who were shown the papers after the examinations. These people included some members of the Royal College of Physicians and Surgeons' Examinations Committee. There were 21 candidates, of whom 11 were successful, six have to write supplemental papers and four will have to rewrite all subjects. Candidates who were successful in the Part I (Basic Science) examination must fulfil the prerequisites as set forth in the College's Information Brochure before presenting themselves for the Part II examination. (These brochures are available from the Royal College of Dentists of Canada, Ste. 614, Medical Arts Building, 170 St. George Street, Toronto 5.) The Part II examinations will be oral in nature and of three hours' duration.

10. The Secretary-Treasurer of the Royal College has represented the College and met with the following organizations: the Committee on Specialists and Specialization (Canadian Dental Association), the Committee on Specialists and Specialization (Ontario Dental Association), the Graduate Studies Committee of the University of Toronto, the Association of Canadian Faculties of Dentistry and the East Toronto Dental Association.

11. The Secretary also attended the March, 1968, meeting of the Council on Education of the Canadian Dental Association as an observer, for two days. The Council was of the opinion that there should be open lines of communication between our two organizations. Dr. Dunn, Chairman of the Council, expressed willingness and pleasure at the suggestion that he should sit as an observer at the meetings of the Council of the Royal College of Dentists of Canada. Since one of the tasks of the Council on Education eventually will be to accredit Canadian graduate programs, it is desirable that we be aware of each other's requirements.

12. The Association of Canadian Faculties of Dentistry have an interest in the educational requirements of the Royal College and would also be interested in keeping in close contact with this organization. It is possible that accreditation of graduate programs, which would normally fall under the aegis of the Council on Education of the Canadian Dental Association, may conceivably be undertaken by a tripartite committee composed of representation of the Council on Education, the Association of Canadian Faculties of Dentistry and the Royal College of Dentists of Canada.

13. Even though this College was initiated by the Canadian Dental Association

as an autonomous body, the College has no desire to exist in isolation, but, instead, offers co-operation to the Canadian Dental Association, the provincial licensing boards, the specialty organizations, and wherever else it may be of service. To facilitate co-operation and understanding, liaison has been established with the Canadian Dental Association's Committee on Specialists and Specialization and Council on Education and, also, with the Association of Canadian Faculties of Dentistry. Copies of the agenda for all future meetings of the College will be forwarded to the Chairmen of the Canadian Dental Association's two committees and the Secretary of the Association of Canadian Faculties of Dentistry. Representatives of these groups are invited to attend meetings of the Council of the College, and most particularly, if the forwarded agenda indicates a specific interest. Similarly, the Secretary of the Royal College of Dentists of Canada has been invited and has attended meetings with the above-mentioned groups. In addition, the Secretary of the Canadian Dental Association will be sent a copy of our agenda with an open invitation to attend, and minutes of our meetings will be available to him and the aforementioned representatives.

14. One of the problems which the College is now attempting to deal with is the implementation of Section 3d of the Act which states that one of the objects of the College is "to provide for the recognition and designation of dentists who possess special qualifications in areas not recognized as specialties." To this end a committee has been established to investigate ways and means by which men who "possess special qualifications" may be admitted to Fellowship in the College.

15. The committee has just prepared a report for Council's consideration and preliminary discussion on this matter will be taking place this week. At the present time, the College has five Honorary Fellows, 80 Charter Fellows and 80 Fellows by examination. At the forthcoming Convocation in Vancouver, three Honorary Fellowships will be conferred and eight Fellowships by examination.

C. H. M. Williams, *President*

A. A. Antoni, *Vice-President*

J. E. Speck, *Secretary-Registrar-Treasurer*

The following resolution was presented on motion from the floor:

Whereas there is a sincere desire on the part of the dental profession in Ontario for the future wellbeing of the RCD(C), and

Whereas many members of the profession in Ontario are concerned about the present structure of the RCD(C), inasmuch as there is apparently no direct link between the RCD(C) and organized dentistry, and

Whereas it is the opinion of the Board of Governors of the ODA that it is in the best interest of the public and the profession that there should be a constructive and meaningful relationship between dentists in General Practice and those in Specialty Practice, therefore

Be it resolved that the ODA Board of Governors recommends that the Charter of the RCD(C) be amended or re-enacted in such a manner that the Council of

the RCD(C) will consist of an equitable number of general practitioners, specialists and men primarily involved in research and education.

By way of comment the Board submits the following resolution:

Whereas the strictures of time and complexity of the motion placed must be taken into serious consideration,

Therefore be it Resolved that the above resolution be referred for consideration by the Executive Council and the presentation of a report at the next annual meeting of the Board of Governors of the CDA.

ADOPTED

MEMBERS: O. J. Yule, *Chairman, Toronto*; D. G. Woodside, *Toronto*; J. D. Stewart, *Montreal*; R. L. Scott, *Brantford*; R. L. Twible, *Toronto*; P. T. Smylski, *Toronto*; C. D. Torneck, *Toronto*.

REPORT

(comment and action in **bold face type**)

1. The Committee reconsidered the draft policy statement on *Recognition of Special Areas of Dental Practice* (1967 *Trans*: 190, 191) as directed by the Board of Governors.

2. A proposed policy statement (*Appendix B*) is presented for consideration by the Board of Governors in which advanced formal education and training is stressed as the main factor which distinguishes the specialist from the general practitioner. A short history of pertinent CDA actions and background supporting the altered emphasis is outlined in *Appendix A*.

For Board action see *Appendices A and B*.

Moratorium

3. We suggest that the present moratorium on specialty and section recognition be continued until a consensus should be reached by the CDA, the interested provincial licensing bodies, the Royal College of Dentists (C) and the existing specialty groups. See resolution paragraph 9.

Nominations Procedure

4. It is suggested that the CDA Nominations Committee give consideration to consulting appropriate recognized specialty groups when preparing its nominations for the Specialists and Specialization Committee.

Paragraph 4 presents a suggestion with which the Board is in general agreement, and the following resolution is presented:

Whereas considerable benefit could accrue to the deliberations of many of the Councils and Committees of the Association from the contributions of competent specialists from diverse disciplines, therefore be it

Resolved that the Nominations Committee consult with the recognized specialty groups when preparing its nominations.

ADOPTED

Definition of a Specialist

5. The present definition (see *Appendix C*) appears in the CDA proceedings, 1948, page 300. The advice of the Association's legal counsel was sought as to whether the limitation of practice clause was legally supportable and politically desirable for CDA purposes in view of the fact that the requirements for licensure are the prerogative of the provincial licensing bodies. It recommends for CDA purposes the following definition of a specialist: "A specialist in dentistry is a

SPECIALISTS & SPECIALIZATION

graduate dentist who through advanced study and practice attains expert knowledge and skill in a field and who has been so recognized by the provincial licensing authority or authorities.” (*See Appendix C*) See resolution paragraph 10.

6. An interlocking liaison has been arranged between the Royal College of Dentists (C) and the Committee on Specialists and Specialization. The Secretary of the College and the Chairman of the Committee interchange meetings, where they participate but do not vote on matters of concern to both groups.

Grouping of Specialties into Divisions

7. A progress report (*Appendix D*) is presented for discussion by the Board of Governors on a suggested grouping of specialists and of possible groups or divisions. The Committee emphasizes that the grouping is for educational and administrative purposes and not for designation to the public.

The Board in reviewing *Appendix D, Progress Report on Regrouping of Specialties*, believes that additional consultation is warranted and presents the following resolution:

Whereas the progress report on regrouping of specialties has been reviewed with interest, and

Whereas it is desirable that the views and opinions of the corporate members and the speciality section be elicited, therefore be it

Resolved that the Committee on Specialists and Specialization be requested to invite the views and opinions of the corporate members and of the specialty sections and present a further report to the next Annual Meeting.

ADOPTED

Resolutions

8. That the policy statement on Recognition of Special Areas of Dental Practice as outlined in *Appendix B* be approved.

The Board rejected the Policy Statement outlined in *Appendix B* but approved a substitute Policy Statement. See *Appendix B*.

9. That the moratorium on the recognition of additional specialties and sections be continued pending further study by the Specialists and Specialization Committee.

ADOPTED

10. That for CDA purposes, the definition of a specialist shall be:

“A specialist in dentistry is a dentist who through advanced study and practise attains expert knowledge and skill in a particular field recognized as a special area of dental practice by CDA and who has been so recognized by the provincial licensing authority or authorities.”

The Board does not agree with the definition of a specialist as it appears in paragraph 20 and proposes the following substitute:

Resolved that for the purposes of the Canadian Dental Association, the definition of a specialist shall be:

A specialist is a dentist who meets the requirements for practice in a recognized specialty area of dental practice, the criteria for which are outlined in the Canadian Dental Association's "Policy Statement on Recognition of Specialty Areas of Dental Practice." See *Appendix B*.

ADOPTED

The report of the Specialists and Specialization Committee has been reviewed. The Committee is complimented for its creative and conscientious activities during the past year.

Appendix A

SPECIAL AREAS OF DENTAL PRACTICE

1. At the outset it should be clearly understood that no instant changes in the status of existing specialists or their organization are proposed but rather the gradual attainment of long-range goals as circumstances permit.
2. The acceptance of a precise definition of some words and phrases is basic to a meaningful discussion of any subject and particularly one as complex as specialization in a profession.

Definitions

3. (1) *Specialty Area*. Specialty area shall be an area of dental practice that has been recognized by the Canadian Dental Association as having met the requirements as laid down in its policy statement. (See *Appendix B*)
- (2) *Limited Practice*. A definite distinction between the dentist who limits his practice to a certain branch of dentistry and the dentist who is a specialist must be clearly made. Under any provincial dentistry act a Canadian dentist may restrict or limit his practice but may not hold himself out to the public as a specialist. But only academically and legally recognized dentists as defined above may claim the designation of specialist.
- (3) *Specialty Recognition*. Specialty recognition means the mechanism by which specialists are identified to the public and to the profession. The licensing of specialists remains the prerogative of the provincial licensing bodies.
- (4) *Dental Practice*. Dental practice is the professional pursuit of dentists engaged in private practice, in institutional practice, in administration, teaching or in research.

REJECTED

The Board does not agree that this is a satisfactory definition.

Moratorium

4. The profession has declared a moratorium on the recognition of new areas

Appendix A

while it attempts to assess its actions to date and to plan for the future. The concern is to control the healthy growth of new specialties without stifling growth, and the question is whether this can be done through the existing guidelines or whether the profession can accomplish this best with new guidelines based on an altered concept. The Committee on Specialists and Specialization suggests that the pattern of growth has changed and that new guidelines would serve the profession better. We submit the following for the profession's consideration and comment.

Development of Specialties

5. Specialties are a relatively recent development in Canadian dentistry. As knowledge increased and it became evident that the more difficult cases could be treated more effectively by those who had acquired more than ordinary knowledge and skill, both the profession and the public sought this service. In the early days dental practitioners with a more highly developed interest and skill in an area of dental practice would sometimes announce to their fellows and to the public that they were limiting their practices to a particular field of practice. As time went on the dental faculties began to develop advanced training programs for graduates and those who successfully completed these were given diplomas or degrees. During this period knowledge greatly increased, and training programs lengthened. New special areas of dental practice were recognized, and educational requirements were raised, as each specialty developed.

6. Today the specialties require a broad basis of basic science education and a greatly extended period of training.

Actions of the CDA

7. The CDA first defined a specialist in 1948. It began its recognition of specialties in the fifties and at the end of the fifties developed principles for the recognition of special areas of dental practice. In 1960 it requested its Committee on Specialists and Specialization to begin *a study of the possibility and feasibility of setting up a National Dental Specialists' Certification Board*. In 1961 the Board's name was changed to the Royal College of Dentists (Canada) and the Act of Incorporation was passed by both Houses of Parliament in 1965. Its objects were:

- (a) to promote high standards of specialization in the dental profession;
- (b) to set up qualifications for and provide for the recognition and designation of properly trained dental specialists;
- (c) to encourage the establishment of training programs in the dental specialties in Canadian schools; and
- (d) to provide for the recognition and designation of dentists who possess special qualifications in areas not recognized as specialties.

Desirability of Uniformity and Need for Consultation

8. The Royal College of Dentists and the Canadian Dental Association, despite

their concern with the training of and qualifications of dental specialists, do not have the authority to license specialists. This is strictly a provincial prerogative, and is so exercised today across Canada. It would seem sensible and desirable, however, that dialogue between the provincial licensing authorities and the CDA continually take place with the object of attempting to have uniformity in the recognition of special areas of dental practice in Canada and uniformity in educational requirements and training. These goals have become closer with the action of several provinces in amending their by-laws to recognize those special areas of dental practice recognized by the CDA and with the action of the Royal College of Dentists' Examination Committee in outlining its educational requirements. It should not really be necessary to emphasize that if the provincial licensing bodies are to agree to a policy of recognizing only those specialties recognized by the Canadian Dental Association, there must be prior consultation with them before the CDA recognizes any specialties.

9. In the 1960's several new specialties were recognized before the CDA Board of Governors declared a moratorium in 1966. Other groups are now seeking specialty recognition and these, under the existing *Principles*, would merit recognition if the moratorium were lifted.

10. With the moratorium came the request that the Committee on Specialists and Specialization review the Association's policy on recognition of special areas of dental practice as concern was expressed that too many specialties may develop for the public good.

11. The problem seems to resolve into, firstly what separates a specialist from a general practitioner, secondly as dentistry is actually a special area of health science, how far is it reasonable to subspecialize it, and thirdly what ground rules can we lay down for the evaluation of groups seeking specialty recognition.

A Change in Emphasis

12. Our existing concept was based on the early development of specialty groups before formal graduate educational facilities had been developed and it was public and professional need that was stressed. With our present development and its projection into the future, we would emphasize advanced formal education and training as this, we believe, is what really separates the specialist and the general practitioner.

SUGGESTED POLICY STATEMENT ON RECOGNITION OF SPECIAL AREAS OF DENTAL PRACTICE

Preamble

1. The policy of the Canadian Dental Association is to recognize, where indicated, special areas of dental practice which use advanced knowledge and skills beyond those normally used in general practice.

SPECIALISTS & SPECIALIZATION

Appendix B

Principles

2. A special area in dentistry shall be one in which advanced training:
 - (1) is available at approved universities, dental schools or teaching hospitals, and where a course or courses have been accredited or are eligible for accreditation by the Council on Education of the Canadian Dental Association;*
 - (2) leads to a diploma or degree and is a program consisting of a minimum of two academic years duration;
 - (3) requires a knowledge of the basic sciences related to dentistry well in excess of that required as a prerequisite to the engagement in general practice;
 - (4) requires the acquisition of a body of clinical knowledge and expertness significantly beyond the knowledge and skill required of a general practitioner.

*The Council on Education has agreed to examine, at the request of the Committee on Specialists and Specialization, the course outline submitted by a group seeking specialty recognition to determine whether the academic content is sufficient to merit consideration for accreditation by the Council.

The Board does not agree with the Policy Statement on Recognition of Specialty Areas of Dental Practice as outlined in *Appendix B* and proposes the following substitute Policy Statement:

POLICY STATEMENT ON RECOGNITION OF SPECIALTY AREAS OF DENTAL PRACTICE

Preamble

1. **The policy of the Canadian Dental Association is to recognize, where indicated, specialty areas of dental practice which include advanced knowledge and skills beyond those normally accruing from an undergraduate program in dentistry.**

Principles

2. A specialty area in dentistry shall be one in which advanced training:
 - (1) includes a knowledge of the basic sciences related to dentistry well in excess of that normally accruing from the undergraduate program in dentistry;
 - (2) includes the acquisition of a body of clinical knowledge and expertness significantly beyond the knowledge and skill normally accruing from an undergraduate program in dentistry;
 - (3) can be made available at approved universities, dental schools, teaching hospitals, or other institutions, and where a course or courses have been accredited or are eligible for accreditation by the Council on Education of the Canadian Dental Association;
 - (4) leads to a diploma, degree, or equivalent recognition attesting to successful

Appendix B

completion of the approved course and is a program consisting of a minimum of two academic years' duration.

APPROVED

The approval of this Policy Statement supersedes the 1967 action of the Board of Governors taken in respect of specialty areas' recognition.

Appendix C

Definitions

1. 1948 A specialist in dentistry is a graduate dentist who, through advanced study and practice, attains expert knowledge and skill in a field and who limits his practice to that field.
2. 1968 Proposed
A specialist in dentistry is a dentist who, through advanced study and practice, attains expert knowledge and skill in a particular field recognized as a special area of dental practice by the Canadian Dental Association and who has been so recognized by the provincial licensing authority or authorities.
3. Advice of legal counsel is that the Canadian Dental Association has no authority in the licensing of specialists, which is a provincial prerogative, but the Canadian Dental Association is entitled to pass by-laws with respect to classification of its members, which would include the categorization of some members as specialists in various fields, and prescribing the characteristics which the Canadian Dental Association would regard as necessary to entitle a member to such classification.
4. Thus, accordingly, the 1948 statement which defines specialist as including the limitation of his practice to that field would appear to be something that could properly be said by the Canadian Dental Association to be for its own purposes, although this could not properly control the activities of a specialist in any particular province.
5. The Committee on Specialists and Specialization felt that the limitation of practice clause could more properly be required by the provincial licensing body or by the specialist society.

Appendix D

PROGRESS REPORT ON REGROUPING OF SPECIALTIES

Need for Change

1. The evolution of dentistry has witnessed an increase in the number of dental specialties and heralded the possibility of the establishment of even more. This

Appendix D

proliferation has been and is being viewed with some concern by members of the profession engaged in general practice. This concern appears to be associated with the apparent confusion and lack of organization associated with the increase in the number of dental specialties rather than from the specialties themselves. This is evidenced by the general acknowledgement as to the benefits in academic advancement and professional service the specialties have provided. Consequently, in view of future trends and the existing confusion it is apparent that some inadequacy exists in the present manner in which dental specialties are organized. If dentistry and dental practice are going to continue to evolve properly a new structure must be established to accommodate not only the demands of the present but the anticipated demands of the future. If the current evolutionary pattern continues to develop, these demands will be in the form of more dental specialties to meet professional, public, and academic needs created by the greater complexities of dental practice. Unless a change is instituted the existing disorganization and the existing confusion will only be perpetuated and compounded. This again emphasizes the need for an unreserved change in the philosophy and the structure of dental specialties.

Benefits of Reorganization

2. In addition to modifying the existing confusion such reorganization can also prove to be academically beneficial by helping to establish a common scientific basis for existing and future specialties, a need which is apparent even today. It can also help to promote greater discourse between the specialty areas, a need that is likewise apparent to those engaged in general and specialty practice but which is not being met under the existing programs. This in turn can only reflect itself in terms of greater benefits to dentistry and the public it serves.

Grouping of Particular Interests

3. Reorganization of dental specialties, particularly through condensation of the basic fields and grouping of the particular interests, can also provide a satisfactory political structure for the dental specialty areas and general practice. This political structure is of particular importance to a politically-minded society such as ours and should not be overlooked or minimized. Both areas require and deserve political representation, but unless changes are made the proliferation of specialties can tend to upset the proper balance of interests. To accomplish this by suppressing or discouraging the development of specialties where they are warranted would represent a prostitution of our responsibility. A more realistic and more practical approach would be to alter and reorganize the specialty structure to create a more equitable political balance.

Need for Accommodation for Future Development

4. Finally, future trends resulting in changes in the form or practice of a specialty area could be more easily accommodated in an altered structure than in the present one. Consequently, changes that may result in the elimination of a specialty area or the merger of one area with another could be accommodated with less disruption and less disorientation than would be required now. To adjust to this change and to mature we must be prepared to discard structures

that are inadequate and inflexible and adopt new ones which are amenable to change and adaptable to the challenge of the future.

5. We would therefore recommend that the CDA consider adopting a new philosophy on the organization of dental specialties to meet existing and future needs.

6. At present the Association recognizes six special areas of dental practice: orthodontia, oral surgery, periodontics, paedodontics, prosthodontics and endodontics, and has received application for recognition from restorative dentistry and dental public health.

7. The American Dental Association recognizes oral pathology and dental public health as well. At the end of 1967 its moratorium was lifted and further applications are expected.

Grouping of Specialties that have Overlapping Educational Backgrounds

8. The need for a broad level of advanced education and training has become recognized. No specialty should live to itself and each specialist should fully appreciate the impact of his advice or treatment on the *whole* patient.

9. The Royal College of Dentists of Canada is emphasizing that a broad educational base for the training of specialists is desirable.

10. It is suggested that dentistry could have several main divisions that would accommodate the existing specialties and make provision for future development.

11. The specialties would retain their individual identity but would be expected to co-operate in educational and organizational matters within the division.

12. A possible grouping is suggested.

(1) Stomatology*	Existing Specialties	Possible Future Specialties
	(a) Oral Surgery	Oral Medicine
	(b) Periodontia	Oral Pathology
	(c) Endodontia	Dental Radiology
(2) Restorative Dentistry	Prosthodontics	Conservative Dentistry
		Maxillo Facial
		Prostheses
(3) Social and Preventive Dentistry	Orthodontia	Preventive Dentistry
	Paedodontia	Public Health

13. The proposed divisions will not stop the development of special areas of dental practice should the profession choose to recognize new areas but the divisions provide a facility where there would be greater contact with other specialties with related interests and provide the possibility of a broader educational base.

SPECIALISTS & SPECIALIZATION

Appendix -D

14. The limiting factors in the recognition of new special areas of dental practice are those stated in the proposed new principles.

15. At the joint meeting of the CDA Subcommittee on Conventions, Representatives of Sections, and the Committee on Specialists and Specialization in the fall of 1967 there was *agreement that we should explore* the idea of grouping the specialties into main divisions to see the administrative effects. It was suggested that each main division might make an annual report to the CDA Board of Governors, as each section does now, and thus speak on behalf of all the specialty groups included in the one division. The chairmanship of the division would rotate between the specialties within the division. The specialty academies within the division would hold their separate business meetings and scientific programs. They would also share in a general program both educationally and financially. Communication would be very important in such a set-up and headquarters staff would be expected to have facilities for this purpose.

16. Such a system would not only improve the communication between specialty groups but also between national and provincial organizations of the same specialty groups.

17. The meeting further suggested that a group of non-specialists who wished to organize for the purpose of studying and practising a particular aspect of dentistry should be referred to as a "society." If that aspect of dental practice achieved specialty recognition, those dentists within the society who qualified as specialists could form an academy and it would be the academy that would hold the status of a subdivision within one of the main specialty divisions. Certified specialists would then become the active members of the academy while other members of the society could be associate members.

18. The Act by which the Royal College of Dentists of Canada was established makes provision for divisions of the College representing the various recognized specialties. (*Bill S. 44*, Sec. 8, Subsec. 3)

**Definition of Stomatology*

That branch of medical science which treats of the anatomy, physiology, pathology, therapeutics, and hygiene of the oral cavity, of the tongue, teeth and adjacent structures and tissues, and of the relationship of that field to the entire body. Blakiston's New Gould Dictionary.

CANADIAN DENTAL ASSOCIATION
DENTAL HEALTH PLAN FOR CHILDREN

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MEMBERS: *W. P. Munsie, Chairman, Vancouver; J. P. Coupland, Ottawa; H. Brouillet, Montreal; H. R. MacLean, Edmonton; W. G. Bruce, Kincardine; A. L. MacIsaac, Charlottetown; W. J. Spence, Toronto.*

CANADIAN DENTAL ASSOCIATION DENTAL HEALTH PLAN FOR CHILDREN

(comment and action in **bold face type**)

Foreword

1. The Board of Governors directed (1967 *Trans*: 149) the Executive Council to give immediate and top priority consideration to the establishment of a task force to expedite the final stages of the formulation of a children's dental health plan, a project which had been initiated by an earlier directive of the Board (1966 *Trans*: 150) and begun by a special steering committee appointed by the Dental Services Committee.
2. The Executive Council was of the opinion that the project was of sufficient importance to have priority claim on its activities. The president, therefore, after much consideration, appointed the Executive Council as the Task Force with a nucleus group of three to act on behalf of the Task Force when appropriate to do so.
3. The Task Force first reviewed the excellent draft presented to it by Dr. Lie and his steering committee. Plans were then developed for carrying the project forward. A chronological list of the main steps taken in preparing the plan and the names of individuals and groups with whom consultations were held appears in *Appendix A* to the report.
4. Sincere appreciation is expressed to all those who so graciously gave their assistance and advice. The list is long and includes individuals, councils, committees, sections, corporate members, lay groups and both provincial and federal governments. A special word of appreciation is extended to the headquarters staff who have had to add to their already arduous duties the heavy responsibility of compiling, drafting, redrafting, typing, printing and distributing the voluminous background material needed for the development of the plan.
5. The report as now presented to the Board of Governors represents the collective views of the Task Force. Regardless of the extensive assistance received and the advice and recommendations given by others, the Task Force alone is responsible for its contents.
6. The Task Force believes that under present dental manpower and socio-economic conditions in Canada, the plan offers a practical means of improving the dental health of the nation. It is, of course, understood that provincial variations in fiscal and other policies may necessitate a variety of changes before any such plan is introduced in a given province. It is the opinion of the Task Force

that this in no way detracts from the importance of the Canadian Dental Association's approving and recommending a plan, the introduction of which is believed to be in the best interests of the community and ultimately the profession itself.

7. Four special studies on "Children with Congenital or Acquired Facial Anomalies and Children Requiring Special Dental Care," "Dental Services for Rural and Remote Areas of Canada," "The Provision of Dental Services for Handicapped, Chronically Ill, Homebound and Institutionalized Children," and "Preventive and Public Health Programs" were commissioned by the Task Force. These will be published in a single volume in the near future. They make a significant contribution to the total project and the authors are specially commended for their willing assistance.

8. Factual information on which to base desirable projections of costs and manpower requirements has proven to be scarce and in some instances not available. For example, the percentage of children who are now receiving regular dental care is unknown, and evidence of treatment requirements in terms of dental man-hours is vague. This lack of information suggests the need for caution in large-scale planning and underlies the desirability of demonstration projects. It is therefore recommended that communities of different population concentrations and socio-economic backgrounds seek government assistance to establish community dental health plans for children. These demonstration projects would bring needed services to children in selected communities and would also provide valuable information on which to base enlarged programs.

*Recommendations**

9. (1) That the Board of Governors approve the Dental Health Plan for Children, as a practical means of improving the dental health of the nation.

The Board rejected this recommendation and proposed the following substitute: That the Board of Governors accept the Dental Health Plan for Children as a practical means of improving the dental health of the nation.

APPROVED

- (2) That the Minister of National Health and Welfare be advised that an Association-approved Dental Health Plan for Children is now available.

REJECTED

- (3) That demonstration projects, based on guidelines established within the Plan, be initiated.

APPROVED

- (4) That federal and provincial governments be approached by CDA and appropriate corporate members respectively for financial assistance in initiating and conducting demonstration projects.

APPROVED

TASK FORCE

- (5) That statistical and experience records of the demonstration projects be forwarded annually to CDA headquarters for study and further dissemination.

The Board amended the recommendation in paragraph 9 (5) to read:

That statistical and experience records of the demonstration projects be forwarded as available to CDA headquarters for study and further dissemination.

APPROVED

- (6) That CDA headquarters be instructed to continue to seek out and prepare for presentation to the Dental Services Committee data that should be considered in a periodic updating of the Plan's principles, assumptions, techniques and projections.

APPROVED

- (7) That the Dental Services Committee at regular intervals review and recommend updating amendments to the Plan so that it remains consistent with the latest research and dental practice information.

APPROVED

**The report of the Task Force was considered by a Committee of the Whole by which the Report was accepted in principle. This conclusion was not accepted by the Board of Governors.*

Introduction

10. (1) At age five, 60 per cent of Canadian children have untreated dental caries defects. Each child has an average backlog of 2.36 teeth requiring restoration, and 4.63 deciduous teeth per child are decayed, filled or prematurely missing. One in three of the five-year-olds has poor oral hygiene, one in four has abnormal gingiva and two in five have abnormal occlusion**
- (2) By age 13, the dental health of the children has deteriorated to the point where 70 per cent of them have untreated caries defects — an average 2.85 teeth needing restoration. Almost seven (6.77) permanent teeth per child are decayed, missing or filled; 52 per cent of the 13-year-olds have poor oral hygiene, 27 per cent have abnormal gingiva and 65 per cent abnormal occlusion.***
11. Dry statistics which indicate the magnitude of one of Canada's most urgent health problems. Attempts are being made to alleviate these conditions. Many communities have had the wisdom to fluoridate their communal water supplies. All provinces have dental public health programs — some probably more ambitious than others — and half of them have dental care programs for welfare recipients. Some communities have initiated imaginative preventive and educational programs for school children and on the West Coast dental prepayment plans for children are beginning to make their contribution.

**Appendix C, Table 2

***Appendix C, Table 6

12. These are all worthwhile endeavours but they do not constitute a comprehensive attack on a national problem. This is the objective of the Canadian Dental Association Dental Health Plan for Children. Other agencies — notably the Royal Commission on Health Services — have suggested solutions to this problem. The Association has disagreed not with their objectives but with the methods by which they sought to achieve them.*

13. The title of the plan is of particular significance. It is not a dental insurance plan nor even a dental care plan. It is a dental *health* plan. Its prime purpose is not to remove economic barriers to the receipt of dental treatment. The plan's purpose is to improve the dental health of children by preventing the need for treatment. One fundamental of this approach is the use of public health measures and procedures such as public water fluoridation and group fluoride therapy. Another fundamental is the active encouragement of the individual to obtain regular preventive and diagnostic services. The individual, after all, and what he does or does not do for and to himself, is the key to the improvement of dental health. But many people are oriented to the present and have little interest in the consequences of dental neglect which may not fully affect them or their children for several years. Hence the plan provides for a local public health service which will refer the child to a private dentist and through intensive follow-up techniques persuade him to take advantage of the services available to him.

14. A plan which concentrates on methods of financing treatment services runs, in the words of an American economist, "the danger of pandering to the understandable urge to buy a quick solution to a difficult problem."** And it is an unnecessarily extravagant solution. Certain small controlled studies have demonstrated that dental needs can be reduced by between 80 and 90 per cent through the full use of preventive and educational methods. A dental plan which did not encourage the public and the individual to make the fullest use of these methods would commit the country to the expenditure of millions of dollars annually on dental care needs that could have been avoided.

15. Treatment services have, however, been included in the plan on a voluntary basis. The reason for this is perhaps best stated in a letter which the Task Force received from one of the provinces: "Experience here . . . has shown that, without treatment services as an added incentive . . . education in dental health makes poor progress. A child with a mouthful of untreated decayed teeth shows little interest in learning how to prevent tooth decay, and so do his parents."***

16. It must not be expected that once there is a comprehensive dental health plan for children, every child with "a mouthful of untreated decayed teeth" will immediately run to the dentist. Particularly in the lower socio-economic groups

*See the *Statement of Canadian Dental Association on the Recommendations of the Royal Commission on Health Services*, May 28, 1965.

**Victor R. Fuchs, Ph.D., Associate Director of Research, National Bureau of Economic Research, quoted in *The AMA News* of the American Medical Association, July 17, 1967.

***Personal communication, November 22, 1967.

there is a need for a "breakthrough" in dental care — the need to break what has been described as a self-perpetuating cycle of neglect, the need "to acclimate a child to an environment in which the need for dental care is acknowledged and its availability is assured and expected."*

17. The Canadian Dental Association Dental Health Plan for Children is then a complex and challenging undertaking but there is no more important matter facing the dental profession today.

Canadian Dental Association Dental Health Plan for Children

18. The attempt of the plan presented here is not to recommend one plan for the whole of Canada but to present guidelines, a model and some rough estimates of the magnitude of manpower and cost requirements. The method of financing, the amount of government participation, the assignment of program priorities, the determination of age groups to be covered should be decided at the provincial level as, indeed, should all plan details.

19. There should be three major divisions of the services provided by the Canadian Dental Association Dental Health Plan for Children.

(1) *Preventive and Educational Services:*

All children in the age group eligible for the plan should receive preventive and educational services from the local dental public health service.

(2) *Diagnostic Services:*

Diagnostic services provided by private dental practitioners should be available to all children in the eligible age groups at no direct cost to the patient's parents.

(3) *Voluntary Prepayment Plan for Treatment Services:*

All eligible children should be encouraged to enrol in a voluntary prepayment plan which would cover treatment services provided by private practitioners and which would not deny enrolment to any child because of his parents' inability to pay a premium.

PLAN GUIDELINES

Eligibility

20. The plan should begin by covering diagnostic and treatment services for all children up to and including those three years of age. Each year thereafter, children one year older should be added up to and including those aged 18.

21. Simultaneously, the preventive and educational program should be introduced to cover three-year-olds in the first year, three- and four-year-olds in the second year and three- to five-year-olds in the third year. By the time the plan has been in operation for four years, preschool children and all children in Grade I would be included. The preventive and educational program should then extend

*Dr. Viron L. Diefenbach, *Growth and Trends in Prepaid Dental Care Programs*, Second Conference on Programs and Operations, National Association of Dental Service Plans, June 8-9, 1967.

to a higher grade each year and the children should receive the benefits of this program until they leave high school.

Dental Public Health Program

22. Preschool Program

- (1) Preschool children who have reached the age of three years should be invited to attend with their parents group sessions conducted at regular intervals by the local dental public health service. After talks and demonstrations on the importance of oral health and the prevention of dental disease, the children should be given kits containing a toothbrush and fluoride paste and toothbrushing techniques should be demonstrated.
- (2) It may be difficult to contact preschool children. Attempts should be made to locate them through public health nurses, child care clinics, school-aged brothers and sisters, advertising campaigns in all media, etc.

23. School Program

- (1) Dental public health personnel should give regular classroom talks and demonstrations and furnish technical information and resource material to school teachers so that they may give continuing instruction in oral health and care. Groups of children should be shown how to apply self-administered topical fluorides. The child's mouth should be inspected and a report on the status of his oral hygiene sent to his parents. The parents of children who continue to have poor oral hygiene should be contacted by a member of the dental public health service who could give advice on oral care.

24. Referrals to Private Practitioners and Follow-ups

- (1) Each year, the parents of eligible children should be asked by the local dental public health service to complete and sign a card on which the parent should do one of the following:
 - (a) give the name of the family dentist;
 - (b) select a dentist from a list of all dentists in the local area who will accept patients under the plan;
 - (c) request the local dental public health service to refer the child to a private practitioner according to a method determined by the provincial dental organization;
 - (d) request that the child not receive services under the plan.
- (2) The local dental public health service should contact the parents of any child who has not visited his dentist in over six months to advise the parents of the desirability of the child's receiving regular dental check-ups.

25. Collection of Statistics

- (1) In order to compile dental health statistics for the provincial and

national dental health indices, random samples of all eligible children should be screened at regular intervals by the dental public health service.

26. *Dental Health Education*

- (1) The dental public health officer or the dental hygienist should give talks and demonstrations on oral health and care to home and school associations and other groups of parents. These opportunities should be used to encourage parents to have their children utilize the benefits of the dental plan.
- (2) Prenatal, postnatal and child care clinics should also be used to inform parents of the importance of regular dental prevention and care and the means of obtaining them.

27. *Other Measures*

- (1) All provinces should enact legislation making fluoridation mandatory for communities with public water supplies.
- (2) The availability on school premises of confections and beverages which tend to encourage dental decay should be discouraged.

Provision of Services

28. *Private Practitioners*

- (1) Wherever possible, diagnostic and treatment services should be provided by dentists in private practice. Dentists should participate or not participate in the plan according to their own preferences. The parents of a child should be free to select the dentist of their choice. Similarly, the dentist should have the right to accept or not accept as a patient a person covered by the plan.
- (2) Where dentists do not wish to provide services directly through the plan, their patients should be indemnified for the covered services rendered. Patients should be reimbursed up to the amount that would be paid to participating dentists for the same services. Charges above this amount should be the responsibility of the patient's parents.

29. *Group Practices*

- (1) Financial provisions such as the loans and capital cost allowances recommended by the Royal Commission on Health Services* should be established to encourage the development of group practices which would make the fullest use of the dental health team. In some areas, such practices might be combined with medical group practices.

30. *Areas Where There is a Shortage of Dental Personnel*

- (1) Various means will have to be used to provide services to children in

*Royal Commission on Health Services, Volume I, Recommendations 34 and 35, p. 34.

areas where there are neither enough facilities nor enough dentists to serve children covered by the plan. In areas which could eventually be suitable for private practices, one or more of the following methods should be employed.

- (a) Special grants should be made available to finance the establishment of solo or group practices by dentists in private practice. These might be in the nature of \$10,000 - \$20,000 loans which should be interest-free as long as the dentist practised in the area.
- (b) Dentists should receive a guaranteed income in proportion to the percentage of children in their practices. For example, if 75 per cent of their patients were children, they should receive 75 per cent of the average net income of private practitioners in comparable practices.
- (c) Subsidies or bonuses should be used to attract general practitioners and specialists to areas capable of supporting a dental practice but experiencing a shortage of personnel.
- (d) Dental offices for solo or group practice should be established by provincial health authorities in consultation with provincial dental organizations and staffed by salaried dentists. These dentists should be paid incomes comparable to earnings in private practice. After caring for children in the area, they should be permitted to treat other patients on a fee-for-service basis. When any of these practices develop to levels where they would be capable of providing net incomes comparable to net incomes from private practices in similar communities, the practice should be offered for sale to private practitioners. First opportunity to purchase the practices should be given to the salaried dentists operating the practices.

31. *Rural and Remote Areas*

- (1) In remote and sparsely populated areas selected by the provincial health authorities in consultation with the provincial dental organizations, travelling dentists employed by the dental division of the provincial department of health should provide services for children covered by the plan. After a certain number of hours, mutually agreed upon by the dentist and the dental division, services may be rendered to others on a fee-for-service basis.

32. *Dental Centres*

- (1) Where socio-economic and dental practice conditions warrant it, hospital-affiliated community dental centres should be established to provide comprehensive and continuous dental services to patients of all ages. These centres should be staffed by dentists and dental specialists assisted by teams of hygienists, assistants and technicians. For many poor families in urban areas, hospital outpatient clinics are the traditional source of health care. Dental health centres should be especially beneficial in ensuring access to dental care for the children of these families and for children whose parents—either through indifference or through

difficulty in obtaining services — will not obtain treatment from private practitioners in their own offices.

33. *Cleft Palate and/or Cleft Lip Clinics*

- (1) Special clinics should be established in major general hospitals throughout Canada to treat cleft palate and/or cleft lip cases and certain other very deforming conditions. A co-ordinated health team approach is necessary to care for these children.

Covered Diagnostic and Treatment Services

34. The following services should be provided:

- (1) Diagnostic services—semi-annual clinical examination and radiographs when necessary for diagnostic purposes.
- (2) Treatment services — care on a planned and continuing basis to keep the mouth in a healthy, functional condition, including
 - (a) emergency care for the alleviation of pain and the treatment of acute infections and injuries;
 - (b) restoration of carious lesions;
 - (c) extraction of teeth where necessary;
 - (d) prevention and treatment of early periodontic conditions;
 - (e) prevention and interception of malocclusion by procedures which are normally performed by the general practitioner;
 - (f) more advanced surgical and restorative services for patients who have experienced traumatic injuries or acute infection;
 - (g) scaling and polishing when necessary.

35. For purposes of administration, the administering agency should be provided with a list of included services. Prior authorization should not be required for these services.

36. For those services which cannot be covered automatically by the plan — including those services requiring referral to specialists — authorization should be obtained before treatment is rendered. These services would include, for example, replacement services not routinely covered by the plan and major orthodontic services for cleft lip and/or cleft palate cases and certain other very deforming conditions. Because of the limited number of orthodontists in Canada, other orthodontic services should not be included but consideration should be given to adding them as the number of orthodontists increases.

Method of Payment to a Dentist Providing Diagnostic and Treatment Services

37. Payments to the private dentists should be made on a fee-for-service basis. The fee schedule should be the provincial dental body's recommended schedule of fees. It should automatically be subject to renegotiation with the provincial government at two-year intervals.

38. Dentists who do not wish to deal directly with the plan would charge their usual and customary fees.

Continuing Education Courses

39. Dental schools should be encouraged to expand courses in continuing education, particularly in the following areas:

- (1) procedures of caring for children, including the prevention of malocclusion;
- (2) efficient practice management techniques including the effective utilization of auxiliary personnel.

Research

40. Research funds should rise proportionately to total program costs, maintaining a constant percentage of, for example, five per cent. These funds should be available to non-governmental as well as governmental and administrative agencies under broad terms of reference.

41. Research should be conducted into such areas as:

- (1) motivation;
- (2) utilization of the plan and ways of increasing it;
- (3) prevention;
- (4) financing;
- (5) administration;
- (6) ways of increasing productivity (including the provision of services by auxiliaries) consistent with high standards of practice;
- (7) means of evaluating the success of the program;
- (8) identifying and solving the program's problems;
- (9) developing norms to facilitate the measurement of progress and comparison of plans on a local and provincial area basis.

Program Evaluation

42. To provide a base-line against which the achievements of the plan can be evaluated, pre-plan studies should be conducted.

43. Measurements of the effectiveness of the plan should include such indices as: tooth mortality rates, annual utilization rates, oral hygiene status of the children.

44. Samples of children should be examined at regular intervals by teams of dentists appointed by the provincial dental organization. This evaluation of the results of the program as determined by the dental profession would assure the public and the provincial and federal government agencies that the program was continuing to provide the highest quality of service. The findings of the teams could also be useful in designing the continuing education programs for dentists in practice.

TASK FORCE

45. Profiles of diagnostic and treatment services rendered by individual practitioners should be compiled for comparative purposes.

46. Questions about the quality of services performed, over- or under-servicing or patient grievances should be handled by current grievance procedure mechanisms. Any dentist accused of committing an improper act should be dealt with by the licensing body and if found guilty should be subject to penalties imposed by this body.

Federal Government Conditions

47. Specifics of program design should be left up to each province to decide for itself and flexibility and experimentation should be encouraged. However, certain conditions should be met by every plan wishing to receive federal grants. These conditions should be as follows:

- (1) The plan should be available to all children in the age groups included in the plan in any given year.
- (2) There should be no waiting periods or residency requirements for children who are within the ages eligible for inclusion in the plan.
- (3) The provincial plans should cover the description of services delineated under "Covered Services."
- (4) The province should establish the recommended dental public health program to provide educational, preventive and screening services and to encourage utilization of dentists' services by children.
- (5) The province should ensure that dental services will be available to eligible children by obtaining a list of private dentists willing to provide services under the plan and arranging for practice facilities, mobile units and personnel where these are needed.
- (6) Ideally, the province should have had in effect, for a minimum of three years, legislation for the compulsory fluoridation of all public water supplies.

Financing

48. The plan should be financed in two ways — from general revenue and from payments made by the parents of patients.

49. General revenue should finance the school preventive program and diagnostic services rendered in the dental office. Treatment services should be financed through a voluntary premium collected on either an individual or a group payment basis. Method and extent of premium subsidization should be a matter of provincial government policy, but no child should be denied coverage because of his parents' inability to pay the plan's premiums. Federal income tax should allow a taxation credit for premiums paid.

50. Under this voluntary approach, some children may be enrolled in the plan

not when they become eligible but only when the need for services can no longer be postponed. It should be a requirement of the plan that the parents of these children pay to have the child's mouth restored before the child can become a beneficiary of the prepayment plan. The cost of having the child's mouth restored should be subsidized according to the method used to subsidize premiums. For example, if a child from a marginal income family would have been eligible for 25 per cent subsidization of his prepayment plan premiums, then the cost of restoring his mouth as a prerequisite to entering the plan should also be subsidized 25 per cent.

51. The formula for determining the federal government's contribution to the plan should be developed in a manner compatible with federal government fiscal policy. Two points should be kept in view when establishing the formula:

- (1) higher grants may be necessary for provinces with the greatest dental needs;
- (2) high cost plans should not be penalized as the most successful plans will have high utilization and therefore high costs.

MODEL OF THE PLAN*

Eligible Children

52. A preschool child who has reached the age of three years attends with his parents regular group dental health education and prevention sessions conducted by the local dental public health service. The parents of children within the ages eligible take their children to their family dentist to receive diagnostic services provided by the plan.

Private Practitioners

53. They may enrol these children in the voluntary dental prepayment plan which insures the cost of treatment services.

54. The dentist indicates whether or not he will accept as patients persons who are covered by the plan and whether he wishes to be paid by the plan or by his patient. The local dental public health service is informed if, at any time, he decides that he can no longer accept patients covered by the plan.

55. After rendering diagnostic or treatment services for eligible children, the dentist either completes a form and sends it to the plan or prepares an itemized account and gives it to his patient who will submit it to the plan.

Administrative Agency

56. This is an organization designated to administer the province's diagnostic benefits plan for all eligible children and the voluntary dental treatment prepayment plan for those children who have been enrolled by their parents. It might be a dental service corporation or another non-profit health plan agency, an insurance company or an independent commission.

*See page 229.

57. The agency sends cards to all children on their third birthday entitling them to diagnostic services rendered by their family dentist. The card encourages parents to arrange a dental appointment for the child and to attend the preventive and educational group sessions for preschool children. Lists of eligible children are regularly updated and forwarded to the local dental public health service.

58. When diagnostic or treatment services have been performed, the administrative agency receives dental plan forms from dentists or itemized accounts from patients. Dental audit clerks check the forms and accounts to make sure that the patient is eligible to have his dental services paid for by the plan, code the services performed and calculate the fees to be paid. Any questions the clerks have are referred to the agency's dental director, a dentist employed full- or part-time by the agency. The agency prepares and sends out monthly cheques to dentists who have submitted forms, and indemnifies patients who have sent in accounts.

59. In addition, the agency compiles statistical records for the plan's annual report and sends a notification of treatment to the local dental public health service.

Review Committee

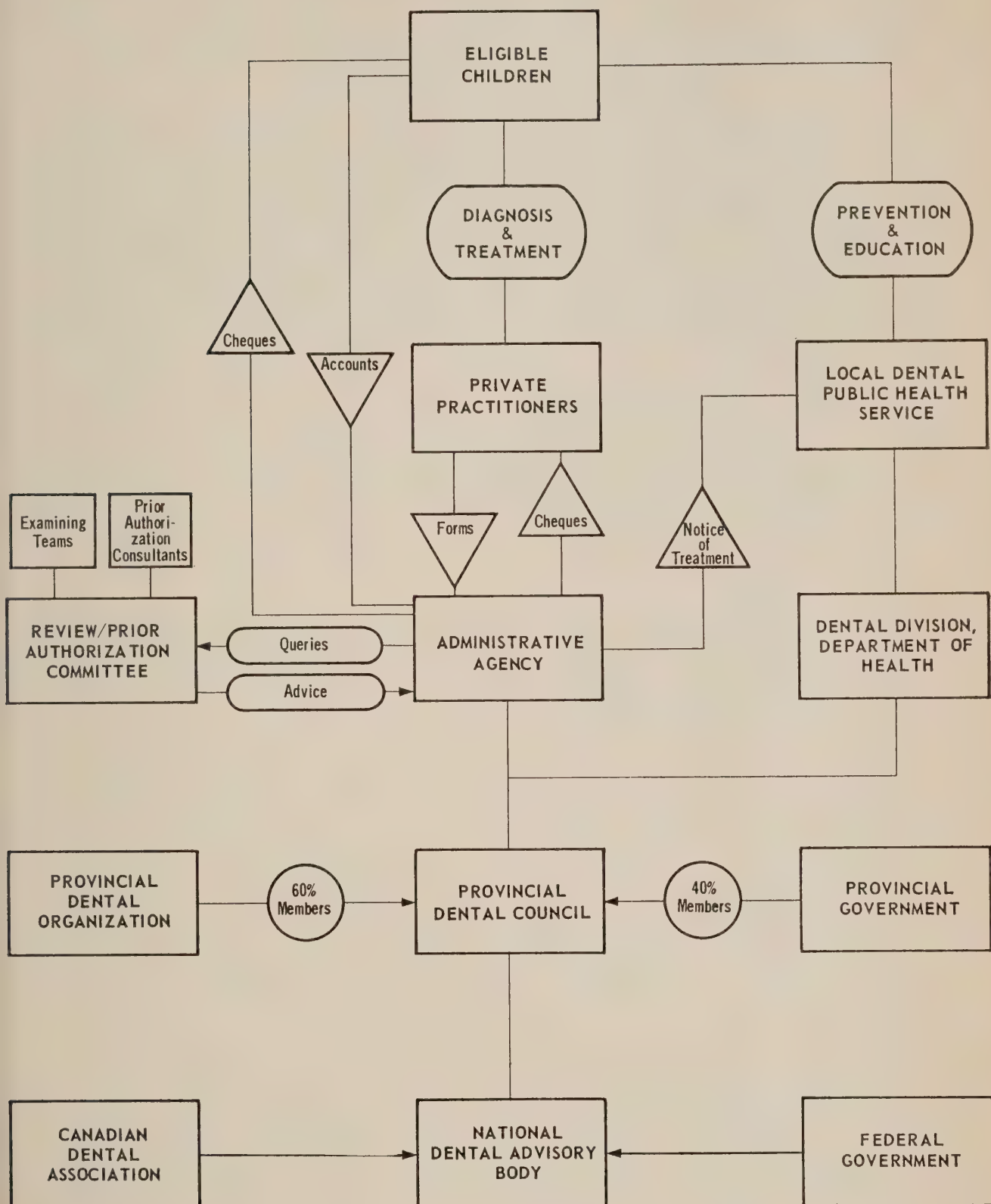
60. Review committees are established by provincial dental organizations to provide a medium of education and advice to administering agencies and dentists in cases involving questions of treatment and charges. These committees mediate financial questions between the administering agency and the dentist—for example, if the agency questions whether a given fee is reasonable in a given situation. They also answer the agency's questions on treatment procedures. The review committee deals with any differences in opinion between the dental director for the administering agency and the dentist. A review committee never acts as a grievance or disciplinary mechanism. Disciplinary and grievance problems continue to be handled by the licensing bodies.

61. The provincial review committee is relatively small but a majority of its membership is composed of professional representatives from each major region of the province as well as lay representatives from the administering agency and/or the government. Where necessary, regional review committees are also established with members selected by regional or local dental societies. One function of the provincial review committee is to designate where regional review committees are required.

62. The review committee regularly appoints teams to examine small samples of eligible children to evaluate the results of the Dental Health Plan for Children.

Prior Authorization Committee

63. A prior authorization committee is formed by adding to the review committee consultants who are specialists in the area of the case being considered. The provincial review committee selects the number, types, location and specialist members of prior authorization committees.



TASK FORCE

64. Services which are not automatically covered by the plan but which, in the opinion of a patient's dentist, are necessary for health and function, are referred to the appropriate prior authorization committee which studies the case and decides whether the treatment can be provided under the plan.

Local Dental Public Health Service

65. Each local area has a dental public health service staffed by a dental hygienist, dental assistants and clerical assistants under the direction of a dental public health officer. The services of a social worker consultant are available to the team when necessary. The team's duties include dental education, the supervision of group-administered applications of topical fluorides for eligible children, the referral of children to private practitioners for diagnosis and treatment, intensive follow-up to ensure the child is receiving care regularly and the collection of dental statistics.

Dental Division, Department of Health

66. The dental division of the provincial department of health is responsible for establishing and directing the local dental public health services and reporting on their activities. It compiles the provincial dental health index from statistics gathered by the local services.

Provincial Dental Council

67. Sixty per cent of the members of the Provincial Dental Council are appointed by the provincial dental organization designated by the corporate member of the Canadian Dental Association and 40 per cent by the provincial government. The Minister of Health is an *ex officio* member.

68. The Council co-ordinates the preventive, educational, diagnostic and treatment services provided by the plan. It is responsible for surveying the supply of dental personnel necessary to provide the services of the plan and for recommending where more facilities and personnel are required. It provides the administrative agency with a regularly revised list of services included in the voluntary treatment plan's coverage and adjudicates appeals of decisions of review committees and prior authorization committees. Financial and statistical reports are received from the administrative agency and the dental division of the department of health and an annual report on the plan is prepared for submission to the provincial government.

National Dental Advisory Body

69. This body is composed of dental, lay and government representatives nominated by the Canadian Dental Association and the federal government. It advises the federal government on such matters as the conditions provincial plans must meet to be eligible to receive federal grants, recommends national action to improve the plans, suggests areas for investigation and research, and develops uniform methods for reporting on and evaluating the plans. In addition, it arranges for the provision of advisory services to those provinces requesting them.

Financial and statistical reports are received from the provinces and are compiled into a national report.

PERSONNEL AND COST REQUIREMENTS OF THE DENTAL HEALTH PLAN FOR CHILDREN

Projected Capacities of Dental Schools and Schools of Dental Hygiene

70. In the university year just completed, the eight Canadian dental schools with students enrolled had a first year capacity of 390 students. By September, 1976, it is estimated that the total capacity of the dental schools then in existence will have increased by more than 60 per cent and will be capable of admitting 630 students to the first year of dentistry. These projections assume increased capacities at the universities of Dalhousie, McGill, Western Ontario, Manitoba and British Columbia, and an additional school in Ontario and new schools at the University of Saskatchewan and Saskatoon and Université Laval in Quebec City.

TABLE 1 Present and projected capacities of Canadian dental schools and schools of dental hygiene, 1967-68 to 1978-79.

Year	Schools of dentistry	Schools of dental hygiene
1967-68	390	110
1968-69	430	150
1969-70	430	150
1970-71	490	190
1971-72	520	230
1972-73	550	270
1973-74	560	270
1974-75	600	300
1975-76	600	300
1976-77	630	310
1977-78	630	320
1978-79	680	350

SOURCE: Deans of the Faculties of Dentistry of Dalhousie University, McGill University, Université de Montréal, University of Toronto, University of Western Ontario, University of Manitoba, University of Saskatchewan, University of Alberta and the University of British Columbia.

71. Similar projections made for the schools of dental hygiene were based on assumptions that, by 1978-79, three of the four existing schools of dental hygiene (namely Dalhousie, Manitoba and Alberta) would increase their capacities while new schools would open at all other universities with dental faculties. Thus the projected capacities of the 1978-79 first year classes total 350 places for dental hygiene students — more than three times the actual 1967-68 capacity of 110 students.

Projections of Dentists and Dental Hygienists

72. At the beginning of this year, there were 6,713 dentists licensed to practise in

Canada.* Each year, the number of dentists is depleted as dentists die, retire, emigrate or leave practice temporarily to pursue postgraduate studies. At the same time, other dentists return from retirement or from residence in other countries and some dentists immigrate to Canada. Allowing for all these factors and projecting the number of graduates from the new and expanded dental schools of the future, the number of dentists that will be licensed to practise in Canada at the beginning of each calendar year has been projected up to January 1, 1981. At that time, it is estimated that there will be approximately 10,000 licensed dentists and the dentist/population ratio will have improved from 1/3,039 to one dentist for every 2,500 people.

73. Not all these 10,000 dentists will be available to care for the children covered by the Dental Health Plan for Children. Many limit their practices to specialized areas of dentistry. Others practise only on a part-time basis or are salaried or retired. It is estimated, therefore, that only about 80 per cent of all licensed dentists will be full-time general practitioners in private practice.

TABLE 2 Present and projected number of dentists licensed to practise in Canada as of January 1st, population per dentist and number of dentists per 10,000 population, 1968 to 1981.

Year	Number of dentists	Population per dentist**	Dentists per 10,000 population**
1968	6,713	3,039	3.3
1969	6,850	3,000	3.3
1970	7,050	3,000	3.4
1971	7,200	2,950	3.4
1972	7,350	2,950	3.4
1973	7,600	2,900	3.5
1974	7,800	2,850	3.5
1975	8,050	2,800	3.5
1976	8,350	2,750	3.6
1977	8,700	2,700	3.7
1978	9,000	2,650	3.8
1979	9,350	2,600	3.8
1980	9,650	2,550	3.9
1981	10,050	2,500	4.0

**The population figures are as of June 1st of the preceding year. The projections assume medium immigration and medium fertility.

SOURCE: Dentists — Bureau of Economic Research, Canadian Dental Association; population — Dominion Bureau of Statistics, *Estimated Population of Canada by Province at June 1, 1967*, Catalogue No. 91-201; population projections — W. M. Illing et al, *Population, Family, Household and Labour Force Growth to 1980*, Staff Study No. 19, Economic Council of Canada, September, 1967, and Research and Statistics Directorate, Department of National Health and Welfare, Ottawa, personal communication.

*Bureau of Economic Research, Canadian Dental Association. For detailed information on Canada's present supply of dental personnel, see *Appendix B*.

74. Projections of the number of dental hygienists in practice in future years are more hazardous as rates of attrition for Canadian dental hygienists are not available. Dr. Murray Hunt of the Faculty of Dentistry, University of Toronto, has compiled a table* which shows the proportion of dental hygienists in the United States in practice by years since graduation. These figures have been adapted for use in arriving at the projection of dental hygienists although changing demographic patterns may favourably affect the attrition rates of the female labour force of the future.

75. According to these projections, by mid 1980 there will be 1,300 practising dental hygienists in Canada, one for every eight dentists or one for every 19,350 people. These figures, discouraging as they may appear, are a definite improvement over the present ones. The number of licensed dental hygienists who are actually working is not known but, it is estimated that, at the present time, there are approximately 320 in practice — one hygienist for every 22 dentists — and the current hygienists/population ratio is 1/64,550.

TABLE 3 Estimated number of dental hygienists in practice in Canada, ratio of hygienists to licensed dentists and population per hygienist, 1968 to 1980.

Year	Hygienists in practice**	Dentists per hygienist***	Population per hygienist****
1968	320	22	64,550
1969	350	20	59,850
1970	420	17	51,050
1971	470	16	45,950
1972	540	14	40,550
1973	630	12	35,450
1974	740	11	30,950
1975	820	10	28,150
1976	930	9	25,400
1977	1,020	9	23,450
1978	1,110	8	22,000
1979	1,190	8	20,750
1980	1,300	8	19,350

**As of June 1st.

***Hygienists are as of June 1st; dentists as of January 1st of the following year.

****Population and hygienists are as of June 1st. The population projections assume medium immigration and medium fertility.

SOURCE: Dentists and dental hygienists — Bureau of Economic Research, Canadian Dental Association; population — Dominion Bureau of Statistics, *Estimated Population of Canada by Province at June 1, 1967*, Catalogue No. 91-201; population projections — W. M. Illing et al, *Population, Family, Household and Labour Force Growth to 1980*, Staff Study No. 19, Economic Council of Canada, September, 1967 and Research and Statistics Directorate, Department of National Health and Welfare, Ottawa, personal communication.

*Compiled from Public Health Service Publication 263, Pelton, Pennell and Vavra, 1957.

Dental Care Needs of Children

76. At the request of the Task Force, Dr. Don Lewis, Associate Professor of Dental Public Health, Faculty of Dentistry, University of Toronto, prepared two reports. The first gives dental health estimates of Canadian children and the second estimates their initial and maintenance dental care needs (see Appendices C and D). The dental health estimates were collated from data provided by the provincial dental directors. This data was supplemented with other Canadian and American material to arrive at the dental care need estimates. Dr. Lewis warns that the figures contained in his second report can be used only as crude indicators of dental care to be provided under the Dental Health Plan for Children. The true values could lie considerably above or below these estimates. In general, the figures are based on observable needs without the aid of radiographs so that "the anticipated depression of the caries rates due to extended use of fluorides may be cancelled out by the increased dental caries which would be revealed if radiographs were used."*

77. Average estimates of restoration, extraction, pulpotomy and space maintenance needs have been transformed into time requirements by using the time values originally set out in the Canadian Dental Association's Relative Value Method of Fee Determination and recently updated in the 1967 Ontario Dental Association fee schedule. To these have been added time requirements for two examinations annually with necessary radiographs, periodontic treatment including scaling and polishing when necessary and root canal therapy beyond pulpotomy. No provision was made for orthodontic services (other than space maintenance) as preliminary study of the problem revealed that only the most deforming cases treated in special clinics could be covered under the plan.

TABLE 4 Estimated annual diagnostic and treatment needs in minutes per child, by service and age of child.

Age	Two examinations & necessary x-rays	Restorations	Extractions	Endodontics	Periodontics**	Space maintenance	Total
3	30	47	1	2	5	5	90
4	30	23	2	2	6	6	69
5	30	31	2	1	8	10	82
6	30	51	2	1	9	10	103
7	30	31	2	1	11	10	85
8	30	24	2	1	11	10	78
9	30	24	2	1	10	10	77
10	40	23	2	6	10	3	84
11	40	27	2	6	10	2	87
12	40	42	2	6	9	3	102
13	40	43	2	6	9	2	102
14	40	32	2	6	8	3	91

**Includes scaling and polishing where necessary.

SOURCE: Appendix D. Bureau of Economic Research, Canadian Dental Association.

*Appendix D, p. 275.

Projected Utilization Rates

78. Even with the initiation of the Dental Health Plan for Children, it cannot be expected that utilization rates will reach 100 per cent. However, a substantial increase in demand must be programmed for; increased utilization of dental services is a major objective of the plan and, if it is not achieved, the plan cannot be considered truly successful.

79. No detailed estimates of the demand for dental services in Canada are currently available, but the United States Public Health Service has published statistics on the percentage of children visiting the dentist within a year, breaking the figures down by levels of family income and education of the family head.* In developing estimates of the number of children utilizing the Dental Health Plan, the assumption has been that intensive dental health education and follow-up procedures accompanied by a lowering of any economic barrier to dental care will cause utilization rates to gradually rise to levels experienced in the United States by those groups with the highest income and education. In the first 12 years of the plan's operation, therefore, it has been assumed that the number of children receiving dental care will rise from less than one in two to two in three of the preschool groups aged three years and over and four in five of children of school age. Because so few children under three years of age will utilize dental services, only children of three years and older are included in the utilization figures.

80. By 1980, when the plan has been in operation for 12 years, almost seven million children, 28 per cent of the total population, will be eligible to receive services. According to the assumptions above, over four million children, approximately 60 per cent of all children up to and including those 14 years of age, will receive dental care in 1980.

TABLE 5 Age groups, estimated number of children and percentage of the population eligible for service under the plan; estimated number and percentage of children utilizing the services, 1969 to 1980.

Year	Ages eligible	Children eligible	Per cent of total population eligible	Children utilizing services	Per cent of eligible children utilizing services
1969	0-3	1,670,100	8%	211,800	13%
1970	0-4	2,111,100	10	432,400	21
1971	0-5	2,587,900	12	707,900	27
1972	0-6	3,053,800	14	992,900	33
1973	0-7	3,507,000	16	1,295,100	37
1974	0-8	3,957,300	17	1,611,200	41
1975	0-9	4,414,000	19	1,947,400	44
1976	0-10	4,956,300	21	2,358,100	48
1977	0-11	5,476,900	23	2,805,000	51
1978	0-12	5,973,900	25	3,263,600	55
1979	0-13	6,464,200	26	3,745,000	58
1980	0-14	6,961,400	28	4,259,400	61

*U.S. Department of Health, Education and Welfare, Public Health Service, *Dental Visits, Time Interval Since Last Visit, United States, July 1963-June 1964*, National Center for Health Statistics, Series 10, No. 29, Table 14, p. 26 and Table 17, p. 31.

SOURCE: Research and Statistics Directorate, Department of National Health and Welfare, personal communication: W. M. Illing, et al, *Population Family, Household and Labour Force Growth to 1980*, Staff Study No. 19, Economic Council of Canada, September, 1967.

Number of Dentists Required

81. Multiplying the number of children receiving dental care by the service requirements in hours per child results in the number of hours necessary to provide diagnostic and treatment services under the plan. At the profession's present level of productivity, the 1980 requirements of the plan would be approximately 6,200,000 chairside hours.

82. In past years, increased productivity has had a significant influence in enabling the dental profession to meet increasing demands for its services. In the ten years from 1953 to 1963, for example, dental productivity increased 30 per cent.* The major factors contributing to this increase were the greater use of auxiliary personnel and technological innovations. The latter occur irregularly and are impossible to predict. It is expected, however, that the trend toward greater use of auxiliaries will continue in the future. To allow for increased productivity due to this factor, a conservative assumption has been made that productivity will increase gradually each year to 1980 when it will be 20 per cent greater than it is at present. This assumption makes no allowance for an increase in the duties which auxiliaries may perform.

TABLE 6 Estimated number of chairside hours required to render dental services to patients under the Dental Health Plan for Children, 1969 to 1980.

Year	Chairside hours with present productivity	Chairside hours with improving productivity
1969	319,300	309,700
1970	574,100	551,500
1971	949,100	899,600
1972	1,431,200	1,321,500
1973	1,858,400	1,697,200
1974	2,271,700	2,055,800
1975	2,708,900	2,420,800
1976	3,284,100	2,885,900
1977	3,926,100	3,381,700
1978	4,661,800	3,987,900
1979	5,435,300	4,559,800
1980	6,199,800	5,157,900

83. Increasing productivity will reduce the number of chairside hours required. With a 20 per cent increase in productivity by 1980, the number of chairside hours required in that year will be reduced by over one million. To arrive at the number of dentists that would be required to provide these hours it is neces-

*W. G. McIntosh and I. Brown, "Manpower Problems in the Dental Profession," Canadian Medical Association, Medical Care Insurance and Medical Manpower Conference Manuscripts, 1967.

sary to know how many hours per year the average dentist spends at the chairside.

84. From the Canadian Dental Association's most recent *Survey of Dental Practice*, it is estimated that the average dentist worked 1,549 chairside hours in 1963.* The British Spens report concluded that "1,500 chairside hours a year . . . represent full but not excessive employment and that generally speaking employment in excess of these hours tends to impair efficiency."** Dentists of the future may well wish to follow the general trend towards shorter working hours but, for the purposes of this report, 1,500 chairside hours per year have been accepted as the norm.

85. It can be estimated, therefore, that by 1980, when the plan has been in operation for 12 years and children up to and including those 14 years of age are covered, 3,440 dentists will be required to provide the semi-annual diagnostic services and necessary treatment services. This will represent 43 per cent of all full-time general dental practitioners in private practice in 1980. It is impossible to say what percentage of the average dentist's practice is now devoted to caring for children in the 14 years and under age cohort. The only figure available is from a study which indicated that, in 1961, 23 per cent of the practice time of those dentists who had graduated in the previous five years was devoted to dentistry for children.***

TABLE 7 Estimated number of dentists required to render services to patients under the Dental Health Plan for Children, percentage of total projected number of general dental practitioners in full-time private practice, and estimated number of plan patients per general practitioner, 1969 to 1980.

Year	Number of dentists required	Total number of general practitioners	Percentage of all general practitioners required by plan	Patients per general practitioner
1969	210	5,650	4%	40
1970	370	5,750	6	80
1971	600	5,900	10	120
1972	880	6,100	15	160
1973	1,130	6,250	18	210
1974	1,370	6,450	21	250
1975	1,610	6,700	24	290
1976	1,920	6,950	28	340
1977	2,250	7,200	31	390
1978	2,660	7,450	36	440
1979	3,040	7,750	39	480
1980	3,440	8,000	43	530

*From Bureau of Economic Research, Canadian Dental Association, *Survey of Dental Practice*, 1963, Table 16, p. 60 and Table 18, p. 65.

**Spens Report (Cmd. 7402) p. 6, as quoted in "Report of the Working Party on the Chairside Times taken in carrying out treatment by General Dental Practitioners in England, Wales, and Scotland," London: H. M. Stationery Office, 1949, p. 16.

***Bureau of Economic Research, Canadian Dental Association, *Survey of Recent Graduates*, 1961, unpublished.

SOURCE: Projections of general practitioners—Bureau of Economic Research, Canadian Dental Association.

86. If 43 per cent of the dental profession is required to provide services under the Dental Health Plan for Children in 1980, the equivalent of 5,729 licensed dentists will be available to care for patients over the age of 14. This is equal to a ratio of one dentist for every 3,168 people.

87. No allowance has been made for a decrease in the dental needs of children as a result of the plan. Although this would certainly occur through intensive dental health education and regular maintenance care, the magnitude of the reduction in need is impossible to measure. For similar reasons, no allowance has been made for breakthroughs in dental research, expansions of the duties of dental auxiliaries or technological innovations yet, during the coming decade, progress in these areas is inevitable and its effect upon the feasibility of the plan will be crucial. For example, a reduction of only 10 per cent in the dental needs of children up to 14 years of age would enable the profession to provide the services required under the plan in 1980 while maintaining the current dentist/population ratio (1/3,039) for the rest of the population. The eligible age group will constitute 28 per cent of the total population in 1980. If the goal were to devote a similar proportion of the dental profession to providing services for these children, then some combination of decreased needs and increased productivity such as appears to the right of the heavy line in Table 8 would make this possible. Referring to the table, it can be seen that a 40 per cent increase in productivity accompanied by a 40 per cent decrease in need would enable 28 per cent of the dentists in private general practice to provide the services required under the plan. The Task Force considers such an increase in productivity and decrease in need to be well within the realm of possibility.

TABLE 8 Percentage of all general practitioners needed to provide services under the Dental Health Plan for Children, according to decreasing treatment needs and increasing productivity, 1980.

Decrease in dental treatment needs	Productivity increase								
	+20%	+30%	+40%	+50%	+60%	+70%	+80%	+90%	+100%
0%	43	40	37	34	32	30	29	27	26
—10%	40	37	35	32	30	29	27	26	24
—20%	38	35	32	30	28	27	25	24	23
—30%	35	32	30	28	26	25	23	22	21
—40%	32	30	28	26	24	23	22	21	20
—50%	30	28	26	24	22	21	20	19	18
—60%	27	25	23	22	20	19	18	17	16
—70%	25	23	21	20	18	17	16	16	15
—80%	22	20	19	18	17	16	15	14	13
—90%	19	18	17	16	15	14	13	12	12
—100%	17	15	14	13	13	12	11	11	10

Preventive and Educational Program

88. Personnel and cost requirements for the preventive program are impossible to estimate. Optimum ratios of dentists and auxiliaries to pupils for the supervision of groups in a program of self-administered topical fluorides and the frequency of applications have not yet been determined.

89. In the first year of the plan's operation, it is estimated that there would be 1,250 eligible children to each dental hygienist in practice. The number of children increases at a greater rate than the number of hygienists until, by 1980, there would be 4,250 eligible children to each hygienist. The great disparity in the hygienist/population ratios across the country compounds the problem of providing preventive and educational services through this type of auxiliary alone. Under the supervision of a qualified person, however, school teachers and dental assistants could perform some of these duties.

TABLE 9 Estimated number of children eligible for the dental education and preventive program and number of these children per dental hygienist in practice, 1969 to 1980.

Year	Children eligible	Number of children	Eligible children per hygienist in practice
1969	3-year-olds	441,300	1,250
1970	3- and 4-year-olds	882,400	2,100
1971	3- to 5-year-olds	1,343,700	2,850
1972	3 years to Grade 1	1,790,900	3,300
1973	3 years to Grade 2	2,222,700	3,500
1974	3 years to Grade 3	2,649,600	3,600
1975	3 years to Grade 4	3,081,200	3,750
1976	3 years to Grade 5	3,597,000	3,900
1977	3 years to Grade 6	4,090,900	4,000
1978	3 years to Grade 7	4,561,100	4,150
1979	3 years to Grade 8	5,024,700	4,200
1980	3 years to Grade 9	5,495,300	4,250

SOURCE: Population projections — W. M. Illing, et al, *Population, Family, Household and Labour Force Growth to 1980*. Staff Study No. 19, Economic Council of Canada, September, 1967, and Research and Statistics Directorate, Department of National Health and Welfare, personal communication.

Cost of the Diagnostic and Treatment Services Plan

90. To arrive at some rough estimate of the cost of the recommended diagnostic and treatment services provided by general dental practitioners, the number of dentists required was multiplied by the projected average gross income of dentists in private practice. The gross income figures were calculated by projecting indices of productivity and fees. On this basis, the plan would require \$6,978,000 to finance the diagnostic and treatment benefits in its first year of operation (1969).

TASK FORCE

Diagnostic services financed entirely through general revenue would cost the public \$2,303,000 while the treatment plan financed partly through public subsidy and partly through premiums would cost \$4,675,000.

TABLE 10 Estimated cost of diagnostic and treatment services provided under the Dental Health Plan for Children and estimated costs per eligible child and per patient receiving services, 1969 to 1980.

Year	Cost of diagnostic services	Cost of treatment services	Cost of diagnostic & treatment services	Cost per eligible child	Cost per patient receiving services
	(000's)	(000's)	(000's)		
1969	\$ 2,303	\$ 4,675	\$ 6,978	\$ 4.18	\$32.94
1970	4,880	8,040	12,920	6.12	29.88
1971	8,173	13,720	21,893	8.46	30.93
1972	11,754	22,088	33,842	11.08	34.08
1973	15,676	29,322	44,998	12.83	34.75
1974	19,981	36,384	56,365	14.24	34.98
1975	24,706	44,044	68,750	15.58	35.30
1976	31,991	53,260	85,251	17.20	36.15
1977	40,072	64,106	104,178	19.02	37.14
1978	48,703	77,762	126,465	21.17	38.75
1979	58,039	92,505	150,544	23.29	40.20
1980	68,317	107,014	175,331	25.19	41.16

91. An incremental plan by its very nature leads to rapidly rising costs. By 1980, diagnostic and treatment benefits combined would cost \$175,331,000. The diagnostic benefit portion of the plan alone would require in the neighbourhood of \$70 million from tax sources. An additional \$30 million or so would be required to meet the costs of local, provincial and federal administration and research. To these demands on public revenue must be added the funds necessary to operate the prevention and education program and to finance the subsidization of treatment plan premiums. It is not possible to provide even rough estimates of these amounts.

92. It must be emphasized again that these figures are only crude approximations. They have had to be compiled by building assumption upon assumption, a change in any one of which would greatly affect cost and manpower estimates. They are, however, believed to be the most accurate estimates possible in the current circumstances.

Note: For action taken by the Board of Governors on the Task Force Report see Recommendations paragraph 9.

CHRONOLOGICAL LIST OF EVENTS LEADING TO THE DEVELOPMENT OF THE DENTAL HEALTH PLAN FOR CHILDREN

June, 1966

1. The Board of Governors approved the following resolution (1966 *Trans*: 150):

Whereas only certain principles regarding a dental health program for children have been approved by the Canadian Dental Association (for example, the CDA Brief to the Royal Commission on Health Services), and

Whereas it is desirable for the dental profession to assume the major role in the development of any such dental health plan, and

Whereas most political parties in Canada have in various ways already committed themselves to a total health care program, including dental care and may attempt to introduce all or part of such a plan at any time, therefore be it

Resolved that the Board of Governors request the Dental Services Committee, in consultation with other interested councils, committees, sections and corporate members, to develop a dental health plan for children that will be in the best interests of the health of the children and all other concerned groups.

September 21, 1966

2. A circular letter was sent from headquarters to all chairmen of councils and committees, the presidents and secretaries of sections, secretaries of corporate members, and chairmen of provincial dental service committees, asking for opinions and observations re the development of a dental health plan for children. The views expressed were to be considered at the subsequent meeting of the Dental Services Committee.

October 20 and 21, 1966

3. The Dental Services Committee approved the following motion (Dental Services Committee meeting, October 20-21, 1966, item 9):

That a steering committee be formed as a subcommittee of the Dental Services Committee as follows: 1. Dr. G. Lie, Chairman; 2. Dr. P. E. Currie; with power to add; the subcommittee's terms of reference to be:

- (a) To solicit information from councils, committees, sections, corporate members, and appropriate individuals relative to the development of a dental health plan for children;
- (b) To compile the information received and formulate a tentative dental health plan for children;
- (c) To circulate the draft to members of the Dental Services Committee and then subsequently to the councils, committees, sections, corporate members and appropriate individuals for study and constructive criticism.

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Appendix A

November 9, 1966

4. A circular letter over the signature of the chairman of the Dental Services Committee was sent to all chairmen of councils and committees, presidents and secretaries of sections, secretaries of corporate members, and chairmen of provincial dental services committees, outlining the terms of reference of the steering committee set up by the Dental Services Committee, and requesting material and advice which the steering committee might use in the preparation of its first draft of a dental health plan for children.

January 6, 1967

5. The steering committee's first draft was mailed to all chairmen of councils and committees, presidents and secretaries of sections, secretaries of corporate members, chairmen of provincial dental service committees, and to the members of the CDA Dental Services Committee. An accompanying letter over the signature of the chairman of the steering committee urged that comments on the first draft be forwarded to him.

February, 1967

6. The steering committee was enlarged by the additions of Dr. E. Bilkey, Dr. N. Levine, Dr. H. Parrott and Dr. D. Woodside.

May, 1967

7. The Board of Governors approved the following resolution (1967 *Trans*: 149):

Whereas there is no more urgent matter facing the dental profession in Canada at this time than the formulation of a children's dental health care program, and

Whereas it does not seem either reasonable or possible for members of the profession to devote the required time and effort to develop such a study on a voluntary basis, and

Whereas the development of such a plan requires the expert assistance of persons from the area of the social sciences, therefore be it

Resolved that the Executive Council be instructed to give immediate and top priority consideration to the establishment of a task force, and that adequate funds be placed at the disposal of such a task force so that it may undertake its activities with dispatch and all reasonable support to acquire the services of outside consultants.

August 30, 1967

8. President Munsie appointed the CDA Executive Council as the Task Force to expedite the final stages of development and presentation of a dental health plan for children. A nucleus group of the Task Force made up of three members of the Executive Council, with President Munsie as chairman, was also appointed.

September 21, 1967

9. The steering committee reviewed and amended its second draft for presentation to the Task Force.

October 3, 1967

10. The nucleus group of the Task Force studied the steering committee's second draft and outlined plans for final stages of the plan's development, as well as setting up its own first working paper.

October 26, 1967

11. Memos were forwarded to the secretaries of corporate members, soliciting the assistance of the corporate members in informing provincial ministers of health of the project and inviting their comments. CDA extended a similar invitation to the Department of National Health and Welfare. Replies were received from the following ministers of health and dental directors:

Hon. Allan J. MacEachen, Minister of National Health and Welfare.

Hon. Gordon B. Grant, Minister of Public Health, Saskatchewan.

Hon. W. D. Black, Minister of Health Services and Hospital Insurance, British Columbia

Hon. C. H. Witney, Minister of Health, Manitoba.

Dr. B. J. O'Meara, Director, Division of Dental Public Health, Department of Health, Prince Edward Island.

Dr. L. J. Bonneau, Directeur, Hygiène Dentaire Publique, Ministère de la Santé, Province de Québec.

October 27, 1967

12. Letters were forwarded to eleven lay organizations, inviting their comments relative to a dental health program for children in Canada. Replies were received from the following:

The Canadian Chamber of Commerce

Federated Women's Institutes of Canada

National Council of Women of Canada

Canadian Public Health Association

Canadian Labour Congress

The Canadian Welfare Council

Canadian Association of Social Workers

National Council of Women

November 27, 1967

13. Memos were sent to the presidents and secretaries of all CDA sections, inviting the sections to submit briefs and appear in person before the Task Force for the purpose of presenting additional viewpoints relative to the dental health plan for children that had not been covered in earlier submissions to the steering committee.

December 18, 1967

14. The nucleus group of the Task Force considered its second working paper and also gave special assignments to four dentists with respect to specific phases of the dental health plan for children:

TASK FORCE

Appendix A

- R. A. Clappison, "The Provision of Dental Services for Handicapped, Chronically Ill, Homebound and Institutionalized Children";
R. B. Ross, "Children with Congenital or Acquired Facial Anomalies and Children Requiring Special Dental Care";
C. H. McCormick, "Provision of Dental Services in Rural and Remote Areas";
W. C. King, "Preventive and Public Health Programs."

January 29, 1968

15. The Task Force conducted hearings at CDA headquarters during which the Canadian Society of Public Health Dentists, Canadian Academy of Paedodontics (in consultation with the Canadian Society of Dentistry for Children), Canadian Academy of Endodontics and The Canadian Academy of Periodontology were represented in person. The Ontario Society of Orthodontists submitted a written brief. Communications expressing interest in the plan were also received from the Canadian Society of Orthodontists, Canadian Academy of Prosthodontics, Ontario Society of Oral Surgeons and Canadian Society of Dentistry for Children (Manitoba).

February 12-15, 1968

16. The Task Force reviewed its third working paper.

April 24, 1968

17. The Task Force considered a fourth working paper and amended it for presentation to the Board of Governors in June, 1968.

October, 1967 - April, 1968

18. During this period a number of consultants were contacted and gave generously of their time and talents. They included:

Dr. J. S. Crawford — Deputy Minister, Department of National Health and Welfare

Dr. K. Charron — Deputy Minister, Department of Health, Ontario

Dr. A. J. Rhodes

Dr. J. E. H. Hastings

Dr. F. D. Mott

Dr. F. B. Roth

Dr. A. P. Ruderman

Dr. H. Moghadam

} School of Hygiene, University of Toronto

Hon. Senator W. McCutcheon

Dr. R. L. James, Department of Sociology, University of Toronto

Dean J. D. McLean, Dalhousie University

Dr. John B. Macdonald

Dr. M. Hunt

Dr. D. Lewis

Dr. R. Burgess

} Faculty of Dentistry, University of Toronto

Dr. A. Feldman	}	Orthodonists
Dr. H. Shanks		
Dr. K. Shultis		
Dr. E. Lossing	}	Department of National Health and Welfare
Dr. Cormier		
Dr. Armstrong		
Mr. Oliver		
Dr. R. Connor		
Mr. R. E. Paulsen, Sr. — Washington Dental Service Corporation		
Dr. Bruce McFarlane	Department of Sociology, Carleton University	
Dr. Don W. Gullett		
Dr. P. S. Christie		
Dr. C. H. M. Williams		
Dr. H. J. Hann		

Appendix B

DENTAL PERSONNEL

TABLE 1 Number of dentists licensed to practise in Canada, distributed by sex and province of residence, June 30, 1967.

Province or Country of Residence	Number of Dentists		
	Male	Female	Total
Newfoundland	38	1	39
Prince Edward Island	29	0	29
Nova Scotia	205	5	210
New Brunswick	127	1	128
Quebec	1,505	21	1,526
Ontario	2,749	102	2,851
Manitoba	287	0	287
Saskatchewan	220	1	221
Alberta	505	7	512
British Columbia	754	15	769
Northwest Territories	6	0	6
Yukon	4	0	4
Canada	6,429	153	6,582
United States	14	0	14
Europe	10	0	10
Other	17	0	17
TOTAL	6,470	153	6,623

SOURCE: Bureau of Economic Research, Canadian Dental Association.

TASK FORCE

Appendix B

TABLE 2 Population per dentist and number of dentists per 10,000 population by province, June 30, 1967.

Province	Population per Dentist	Dentists per 10,000 Population
Newfoundland	12,821	0.8
Prince Edward Island	3,759	2.7
Nova Scotia	3,605	2.8
New Brunswick	4,844	2.1
Quebec	3,845	2.6
Ontario	2,508	4.0
Manitoba	3,355	3.0
Saskatchewan	4,335	2.3
Alberta	2,910	3.4
British Columbia	2,532	3.9
Northwest Territories	4,833	2.1
Yukon	3,750	2.7
Canada	3,100	3.2

SOURCE: Bureau of Economic Research, Canadian Dental Association.
TABLE 3 Number of private practitioners, salaried and retired dentists by residence, June 30, 1967.

Residence	Private Practitioners		Salaried Dentists	Retired Dentists	In Post- graduate Courses	Total
	Full Time	Part Time				
Newfoundland	30	6	3	0	0	39
Prince Edward Island	24	1	4	0	0	29
Nova Scotia	143	22	41	4	0	210
New Brunswick	117	2	9	0	0	128
Quebec	1,320	109	83	13	1	1,526
Ontario	2,403	155*	247	37	9	2,851
Manitoba	225	19	41	2	0	287
Saskatchewan	196	2	23	0	0	221
Alberta	427	31	54	0	0	512
British Columbia	678	19	68	4	0	769
Northwest Territories	4	0	2	0	0	6
Yukon	3	0	1	0	0	4
Canada	5,570	366*	576	60	10	6,582

*Includes one dentist who is semi-retired.

SOURCE: Bureau of Economic Research, Canadian Dental Association.

TABLE 4 Number of full- and part-time salaried dentists by employing agency and type of occupation, June 30, 1967.

Employing Agency	Type of Occupation							
	Adminis- trative		Teaching		Clinical		Research	
	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.
RCDC	20		3		143			
DVA	2				24		1	
NH & W	4				18	2	1	
Provincial government	18				28	10		
Provincial hospital	1				18			
University	16	1	72	253	3	5	5	3
Dental association	8	4						
Municipal government	9				48	23		
School board	2				17	7		
Health unit	4	1			14			1
Hospital	1	1			23	1	1	
Industry						2		
Dental clinic					6	1		
Dentist					46	19	6	5
Not specified	1				6	6	4	20
Total	86	7	75	253	394	76	7	3
							14	26
							576	365

SOURCE: Bureau of Economic Research, Canadian Dental Association.

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TABLE 5 Number of full- and part-time salaried dentists, by employing agency and type of occupation, by residence, June 30, 1967.

Province	Employment Agency	Type of occupation										
		Adminis- trative		Teaching		Clinical		Research		Not Specified		
		F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	
Newfoundland	RCDC					1					1	0
	Provincial government	1					5				1	5
	Provincial hospital					1					1	0
	Dental association		1								0	1
	Total	1*	1*	1*		2*	5*			3*	6*	
Prince Edward Island	RCDC					2					2	0
	Provincial government	1									1	0
	Dental association		1								0	1
	Not specified								1		1	0
	Total	1*	1*		2*				1*	4*	1*	
Nova Scotia	RCDC	1				20					21	0
	DVA					2					2	0
	NH & W					1					1	0
	Provincial government	1				3					4	0
	University	4		6	19						10	19
	Municipal government					1					1	0
	School board					1	1				1	1
	Dental clinic					1					1	0
	Not specified							2			0	2
	Total	6*		6*	19*	29*	3*			41*	22*	

TABLE 5 (Continued)

Province	Employing Agency	Type of Occupation								Total		
		Adminis- trative		Teaching		Clinical		Research				Not Specified
		F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.
New Brunswick	Provincial government	1				1					1	1
	Dental association		1								0	1
	Municipal government				7						7	0
	School board				1						1	0
	Total	1*	1*		8*	1*					9*	2*
Quebec	RCDC	2			24						26	0
	DVA				2			1			3	0
	NH & W				3		1				3	1
	Provincial government	6			6		1				12	1
	University	5	1	20	94	1	2	1	1	1	27	99
	Dental association	1									1	0
	Municipal government	1				4	2				5	2
	Hospital				2						2	0
	Dental clinic				2		1				2	1
	Industry					1					0	1
	Dentist				2		1			2	1	
	Not specified											
	Total	15*	1*	20*	94*	46*	9*	1*	1*	1*	83*	109*

TABLE 5 (Continued)

Province	Employing Agency	Type of Occupation											
		Adminis- trative		Teaching		Clinical		Research		Not Specified		Total	
		F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.
Ontario	RCDC	14		3		50						67	0
	DVA	2				9						11	0
	NH & W	3						1				4	0
	Provincial government	1				9	1					10	1
	Provincial hospital	1				13						14	0
	University	3		25	86			3	2			31	88
	Dental association	4										4	0
	Municipal government	5				19	18					24	18
	School board	1				13	5					14	5
	Health unit		1			1						1	1
Manitoba	Hospital		1			18	1	1				19	2
	Industry						1					0	1
	Dentist					35	15			5	5	40	20
	Not specified					5	4			3	14	8	18
	Total	34*	2*	28*	86*	172*	45*	5*	2*	8*	19*	247*	154*
	RCDC					13						13	0
	DVA					3						3	0
	NH & W					3						3	0
	Provincial government	2				4						6	0

TABLE 5 (Continued)

Province	Employing Agency	Type of Occupation										Total	
		Adminis- trative		Teaching		Clinical		Research		Not Specified			
F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.		
	Provincial hospital			1							1	0	
	University	2		6	16			1			9	16	
	Dental association	1									1	0	
	Municipal government					2	1				2	1	
	School board						1				0	1	
	Hospital					1					1	0	
	Dental clinic					2					2	0	
	Dentist						1				0	1	
	Total	5*		6*	16*	29*	3*	1*			41*	19*	
Saskatchewan	RCDC					3					3	0	
	DVA					4					4	0	
	NH & W					2					2	0	
	Provincial government	1				2					3	0	
	University	1									1	0	
	Dental association		1								0	1	
	Municipal government					1					1	0	
	Health unit					4					4	0	
	Hospital					1					1	0	
	Dentist					4					4	0	

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TABLE 5 (Continued)

Province	Employing Agency	Type of Occupation											
		Adminis- trative		Teaching		Clinical		Research		Not Specified		Total	
		F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.
		F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.
	Not specified										1	0	1
	Total	2*	1*			21*					1*	23*	2*
Alberta	RCDC	3				11						14	0
	DVA					1						1	0
	NH & W	1				3	1					4	1
	Provincial government	1										1	0
	Provincial hospital					1						1	0
	University	1		12	27		2			1		14	29
	Dental association	1										1	0
	Municipal government	2				3						5	0
	Health unit	2				5				1		8	0
	Hospital	1				1						2	0
	Dental clinic					1						1	0
	Dentist					1						1	0
	Not specified	1									1	1	1
	Total	13*		12*	27*	27*	3*			2*	1*	54*	31*
British Columbia	RCDC					18						18	0
	DVA					3						3	0
	NH & W					4						4	0

TABLE 5 (Continued)

Province	Employing Agency	Type of Occupation							
		Adminis- trative		Teaching		Clinical		Research	
		F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.
	Provincial government	3				4	2		
	Provincial hospital					2			
	University		3	11		2	1	1	
	Dental association	1							
	Municipal government	1				11	2		
	School board	1				2			
	Health unit	2				4			
	Dentist					4	2	1	
	Not specified					1			1
	Total	8*	3*	11*	55*	7*		2*	1*
Northwest Territories	NH & W					2			
	Total					2*			
Yukon	RCDC					1			
	Total					1*			

SOURCE: Bureau of Economic Research, Canadian Dental Association.

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TABLE 6 Population per dentist and per dentist under 65 years of age* and number of dentists per 10,000 population by province, August, 1966.

Province	Population per Dentist	Population per Dentist under 65	Dentists per 10,000 Population	Dentists under 65 per 10,000 Population
Newfoundland	12,335	12,335	0.8	0.8
Prince Edward Island	3,501	4,522	2.9	2.2
Nova Scotia	3,761	4,447	2.7	2.2
New Brunswick	4,781	5,931	2.1	1.7
Quebec	3,836	4,376	2.6	2.3
Ontario	2,504	2,895	4.0	3.5
Manitoba	3,077	3,541	3.3	2.8
Saskatchewan	4,549	5,164	2.2	1.9
Alberta	2,903	3,195	3.4	3.1
British Columbia	2,421	2,628	4.1	3.8
Northwest Territories	7,184	9,579	1.4	1.0
Yukon	14,382	14,382	0.7	0.7
Canada	3,082	3,514	3.2	2.8

SOURCE: Bureau of Economic Research, Canadian Dental Association.

TABLE 7 Distribution of all dentists and of dentists under 65 years of age* and population per dentist according to counties and census divisions, by province, August, 1966.

Province	County or Census Division	Number of Dentists	Population per Dentist	Number of Dentists Under 65	Population per Dentist Under 65
Newfoundland		40	12,335	40	12,335
	1	24	8,271	24	8,271
	2	1	25,672	1	25,672
	3	0	(25,530)	0	(25,530)
	4	0	(25,286)	0	(25,286)
	5	6	7,050	6	7,050
	6	4	10,562	4	10,562
	7	1	39,318	1	39,318
	8	1	49,621	1	49,621
	9	0	(23,752)	0	(23,752)
	Labrador	3	7,052	3	7,052
Prince Edward Island		31	3,501	24	4,522
	Kings	3	6,005	3	6,005
	Prince	13	3,284	10	4,269
	Queens	15	3,189	11	4,348

* As of December 31, 1965

TABLE 7 (Continued)

Province	County or Census Division	Number of Dentists	Population per Dentist	Number of Dentists Under 65	Population per Dentist Under 65
Nova Scotia		201	3,761	170	4,447
	Annapolis	8	2,697	8	2,697
	Antigonish	4	3,722	3	4,963
	Cape Breton	26	4,983	24	5,399
	Colchester	9	3,967	5	7,140
	Cumberland	5	7,187	3	11,978
	Digby	4	4,957	3	6,609
	Guysborough	1	12,830	1	12,830
	Halifax	102	2,401	93	2,634
	Hants	3	8,964	3	8,964
	Inverness	2	9,076	2	9,076
	Kings	11	3,932	8	5,406
	Lunenburg	9	4,013	7	5,159
	Pictou	8	5,561	2	22,245
	Queens	4	3,202	3	4,269
	Richmond	0	(11,218)	0	(11,218)
	Shelburne	1	16,284	1	16,284
	Victoria	0	(8,001)	0	(8,001)
	Yarmouth	4	5,888	4	5,888
New Brunswick		129	4,781	104	5,931
	Albert	0	(13,944)	0	(13,944)
	Carleton	5	4,671	4	5,839
	Charlotte	5	4,709	3	7,848
	Gloucester	8	8,788	5	14,060
	Kent	2	12,368	1	24,736
	Kings	3	9,516	2	14,274
	Madawaska	6	6,218	6	6,218
	Northumber- land	6	8,618	5	10,342
	Queens	4	2,735	4	2,735
	Restigouche	8	5,140	7	5,874
	St. John	29	3,204	22	4,224
	Sunbury	3	8,337	3	8,337
	Victoria	5	3,939	3	6,565
	Westmorland	28	3,399	25	3,807
	York	17	3,439	14	4,176
Quebec		1,507	3,836	1,321	4,376
	Abitibi	15	7,648	14	8,195
	Argenteuil	7	4,457	5	6,240
	Arthabaska	9	5,507	8	6,196
	Bagot	3	7,656	2	11,484

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TABLE 7 (Continued)

Province	County or Census Division	Number of Dentists	Population per Dentist	Number of Dentists Under 65	Population per Dentist Under 65
	Beauce	9	7,142	8	8,034
	Beauharnois	10	5,194	9	5,771
	Bellechasse	0	(24,045)	0	(24,045)
	Berthier	4	6,759	4	6,759
	Bonaventure	4	10,906	4	10,906
	Brome	2	7,095	2	7,095
	Chambly	32	5,952	30	6,349
	Champlain	17	6,608	16	7,021
	Charlevoix	6	5,175	5	6,210
	Châteauguay	5	9,340	4	11,675
	Chicoutimi	27	5,992	25	6,471
	Compton	3	7,486	2	11,229
	Deux-Montagnes	5	7,825	5	7,825
	Dorchester	1	33,669	1	33,669
	Drummond	11	5,753	9	7,031
	Frontenac	2	14,424	2	14,424
	Gaspé	5	14,591	5	14,591
	Hull	26	5,630	23	6,365
	Huntingdon	3	5,140	2	7,710
	Iberville	1	19,538	1	19,538
	Joliette	10	4,892	8	6,115
	Kamouraska	3	8,864	2	13,296
	Labelle	2	15,083	2	15,083
	Lac-St.-Jean	17	6,230	17	6,230
	Laprarie	3	14,993	3	14,993
	L'Assomption	6	8,306	6	8,306
	Lévis	12	4,864	12	4,864
	L'Islet	1	24,382	1	24,382
	Lotbinière	3	9,588	3	9,588
	Maskinongé	4	5,366	4	5,366
	Matane	5	12,645	5	12,645
	Mégantic	10	5,750	7	8,215
	Missisquoi	11	2,964	7	4,658
	Montcalm	3	6,420	2	9,630
	Montmagny	3	8,917	3	8,917
	Montmorency	1	25,948	1	25,948
	Montréal-Jésus	872	2,430	756	2,803
	Napierville	2	5,911	2	5,911
	Nicolet	4	7,707	4	7,707
	Papineau	6	5,325	4	7,988
	Pontiac	3	6,704	3	6,704
	Portneuf	4	12,937	3	17,250

TABLE 7 (Continued)

Province	County or Census Division	Number of Dentists	Population per Dentist	Number of Dentists Under 65	Population per Dentist Under 65
	Québec	102	3,756	92	4,164
	Richelieu	6	7,472	6	7,472
	Richmond	8	5,178	8	5,178
	Rimouski	10	6,563	8	8,204
	Rouville	2	14,585	2	14,585
	Saguenay	11	9,787	11	9,787
	Shefford	10	6,016	8	7,520
	Sherbrooke	30	3,107	25	3,728
	Soulanges	1	10,757	1	10,757
	Stanstead	9	4,138	8	4,656
	St.-Hyacinthe	14	3,489	11	4,440
	St.-Jean	16	2,601	15	2,775
	St.-Maurice	36	3,130	33	3,415
	Témiscaminque	13	4,639	12	5,026
	Témiscouata	10	6,614	8	8,267
	Terrebonne	25	4,911	20	6,139
	Vaudreuil	6	5,675	6	5,675
	Verchères	4	7,721	4	7,721
	Wolfe	0	(16,793)	0	(16,793)
	Yamaska	2	7,767	2	7,767
Ontario		2,780	2,504	2,404	2,895
	Algoma	31	3,663	26	4,368
	Brant	33	2,756	25	3,638
	Bruce	13	3,314	9	4,787
	Carleton	199	2,047	179	2,276
	Cochrane	19	5,123	15	6,489
	Dufferin	8	2,138	4	4,277
	Dundas	5	3,421	3	5,702
	Durham	10	4,455	7	6,364
	Elgin	19	3,258	13	4,762
	Essex	78	3,601	58	4,843
	Frontenac	41	2,369	36	2,698
	Glengarry	1	18,181	1	18,181
	Grenville	5	4,686	4	5,857
	Grey	21	2,980	15	4,173
	Haldimand	8	3,752	4	7,505
	Haliburton	1	7,768	1	7,768
	Halton	60	2,347	57	2,470
	Hastings	31	3,036	30	3,137
	Huron	18	3,025	17	3,203
	Kenora	12	4,499	10	5,399
	Kent	29	3,324	19	5,074

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TABLE 7 (Continued)

Province	County or Census Division	Number of Dentists	Population per Dentist	Number of Dentists Under 65	Population per Dentist Under 65
	Lambton	29	3,732	27	4,009
	Lanark	15	2,747	9	4,579
	Leeds	16	3,070	10	4,913
	Lennox-Addington	3	8,401	1	25,202
	Lincoln	56	2,609	48	3,044
	Manitoulin	3	3,515	2	5,272
	Middlesex	105	2,375	91	2,741
	Muskoka	10	2,769	8	3,461
	Nipissing	22	3,342	21	3,501
	Norfolk	14	3,613	12	4,215
	Northumberland	8	5,634	7	6,439
	Ontario	46	3,713	41	4,166
	Oxford	26	2,924	23	3,305
	Parry Sound	7	4,048	5	5,667
	Peel	53	3,251	52	3,314
	Perth	16	3,776	13	4,648
	Peterborough	36	2,277	30	2,732
	Prescott	3	9,052	3	9,052
	Prince Edward	4	5,327	4	5,327
	Rainy River	4	6,454	4	6,454
	Renfrew	25	3,578	21	4,260
	Russell	1	21,107	0	(21,107)
	Simcoe	56	2,663	51	2,924
	Stormont	14	4,253	11	5,414
	Sudbury	37	4,705	35	4,974
	Thunder Bay	47	3,057	42	3,421
	Timiskaming	10	4,715	10	4,715
	Victoria	8	3,865	5	6,183
	Waterloo	85	2,550	74	2,929
	Welland	52	3,439	42	4,257
	Wellington	31	3,038	28	3,363
	Wentworth	156	2,527	130	3,033
	York	1,140	1,770	1,011	1,996
Manitoba		313	3,077	272	3,541
	1	0	(29,870)	0	(29,870)
	2	7	4,990	6	5,822
	3	2	10,359	1	20,718
	4	4	3,436	3	4,581
	5	4	8,071	4	8,071
	6	12	2,554	11	2,786
	7	18	2,918	14	3,752
	8	3	7,270	3	7,270

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TABLE 7 (Continued)

Province	County or Census Division	Number of Dentists	Population per Dentist	Number of Dentists Under 65	Population per Dentist Under 65
	9	4	2,938	4	2,938
	10	3	6,273	2	9,410
	11	0	(12,643)	0	(12,643)
	12	3	9,812	2	14,718
	13	2	6,301	1	12,602
	14	0	(6,455)	0	(6,455)
	15	2	7,271	2	7,271
	16	5	10,878	5	10,878
	17	7	3,087	6	3,602
	18	0	(15,011)	0	(15,011)
	19	0	(20,516)	0	(20,516)
	20	237	2,147	208	2,446
Saskatchewan		210	4,549	185	5,164
	1	5	7,888	4	9,860
	2	3	10,830	3	10,830
	3	3	8,874	3	8,874
	4	4	4,378	4	4,378
	5	8	6,140	8	6,140
	6	57	2,997	51	3,349
	7	13	4,575	12	4,957
	8	9	4,635	8	5,215
	9	9	5,589	8	6,288
	10	4	8,073	3	10,764
	11	41	3,540	37	3,922
	12	7	3,834	7	3,834
	13	5	6,652	4	8,315
	14	9	5,831	6	8,746
	15	17	4,943	14	6,002
	16	11	3,959	9	4,839
	17	5	5,827	4	7,284
	18	0	(21,126)	0	(21,126)
Alberta		504	2,903	458	3,195
	1	10	3,886	8	4,857
	2	25	3,309	22	3,760
	3	5	5,918	3	9,864
	4	2	7,112	2	7,112
	5	6	5,998	6	5,998
	6	150	2,461	136	2,714
	7	9	4,537	7	5,833
	8	26	3,227	23	3,648
	9	6	3,032	4	4,549

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TABLE 7 (Continued)

Province	County or Census Division	Number of Dentists	Population per Dentist	Number of Dentists Under 65	Population per Dentist Under 65
British Columbia	10	12	5,851	10	7,021
	11	220	2,164	204	2,333
	12	9	5,626	9	5,626
	13	6	7,357	6	7,357
	14	4	5,089	4	5,089
	15	14	6,310	14	6,310
		774	2,421	713	2,628
	1	10	3,669	10	3,669
	2	22	3,539	21	3,708
	3	40	2,644	35	3,022
	4	498	2,052	461	2,216
	5	141	2,368	126	2,650
	6	20	4,059	17	4,775
	7	5	4,601	5	4,601
	8	23	4,512	23	4,512
Northwest Territories	9	7	6,895	7	6,895
	10	8	5,175	8	5,175
Yukon		4	7,184	3	9,579
		1	14,382	1	14,382

SOURCE: Bureau of Economic Research, Canadian Dental Association.

TABLE 8 Distribution of dentists according to age groups, by Canada, August, 1966.

Age Group	Number of Dentists	Percentage of Dentists
20-24 yrs.	246	3.7
25-29	742	11.5
30-34	807	12.4
35-39	755	11.6
40-44	1,036	16.0
45-49	726	11.1
50-54	427	6.6
55-59	363	5.6
60-64	408	6.3
65-69	444	6.8
70 and over	354	5.5
Age unknown	186	2.9
Total	6,494	100.0
Mean average age: 44.6 years		
Median average age: 43.4 years		

SOURCE: Bureau of Economic Research, Canadian Dental Association.

TABLE 9 Distribution of dentists according to age groups, by province, August, 1966.

Province	Age Group	Number of Dentists	Percentage of Dentists
Newfoundland	20-24 yrs.	0	0.0
	25-29	7	17.5
	30-34	8	20.0
	35-39	8	20.0
	40-44	9	22.5
	45-49	4	10.0
	55-59	2	5.0
	60-64	2	5.0
	Total	40	100.0
Mean average age: 38.8 years			
Median average age: 38 years			
Prince Edward Island	20-24 yrs.	0	0.0
	25-29	1	3.2
	30-34	2	6.4
	35-39	2	6.5
	40-44	5	16.1
	45-49	5	16.1
	50-54	3	9.7
	55-59	2	6.5
	60-64	4	12.9
	65-69	5	16.1
	70 and over	2	6.5
	Total	31	100.0
Mean average age: 51.5 years			
Median average age: 53 years			
Nova Scotia	20-24 yrs.	2	.9
	25-29	25	12.5
	30-34	15	7.4
	35-39	17	8.5
	40-44	34	16.9
	45-49	34	16.9
	50-54	15	7.5
	55-59	12	6.0
	60-64	12	5.9
	65-69	13	6.5
	70 and over	18	9.0
	Age unknown	4	2.0
	Total	201	100.0
Mean average age: 47.2 years			
Median average age: 45 years			

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Appendix B

TABLE 9 (Continued)

Province	Age Group	Number of Dentists	Percentage of Dentists
New Brunswick	20-24 yrs.	1	.7
	25-29	8	6.2
	30-34	12	9.3
	35-39	13	10.1
	40-44	26	20.2
	45-49	16	12.4
	50-54	5	3.8
	55-59	9	7.0
	60-64	9	7.0
	65-69	13	10.1
	70 and over	12	9.3
	Age unknown	5	3.9
	Total	129	100.0
	Mean average age: 48.8 years		
	Mean average age: 45 years		
Quebec	20-24 yrs.	31	2.0
	25-29	159	10.6
	30-34	207	13.7
	35-39	185	12.3
	40-44	244	16.2
	45-49	165	10.9
	50-54	114	7.6
	55-59	96	6.3
	60-64	109	7.3
	65-69	116	7.7
	70 and over	70	4.6
	Age unknown	11	.8
	Total	1,507	100.0
	Mean average age: 45.1 years		
	Median average age: 43 years		
Ontario	20-24 yrs.	141	5.0
	25-29	343	12.4
	30-34	335	12.0
	35-39	314	11.3
	40-44	405	14.6
	45-49	263	9.4
	50-54	163	5.9
	55-59	142	5.1
	60-64	183	6.6
	65-69	200	7.2
	70 and over	176	6.3
	Age unknown	115	4.2
	Total	2,780	100.0
	Mean average age: 44.5 years		
	Median average age: 42 years		

TABLE 9 (Continued)

Province	Age Group	Number of Dentists	Percentage of Dentists
Manitoba	20-24 yrs.	22	7.0
	25-29	35	11.2
	30-34	36	11.5
	35-39	33	10.5
	40-44	47	15.0
	45-49	38	12.2
	50-54	14	4.4
	55-59	24	7.7
	60-64	12	3.8
	65-69	22	7.1
	70 and over	18	5.7
	Age unknown	12	3.9
	Total	313	100.0
Mean average age: 44.1 years			
Median average age: 42 years			
Saskatchewan	20-24 yrs.	8	3.8
	25-29	32	15.2
	30-34	20	9.5
	35-39	30	14.3
	40-44	23	11.0
	45-49	22	10.4
	50-54	19	9.1
	55-59	16	7.6
	60-64	9	4.3
	65-69	15	7.1
	70 and over	10	4.8
	Age unknown	6	2.9
	Total	210	100.0
Mean average age: 44.0 years			
Median average age: 42 years			
Alberta	20-24 yrs.	24	4.7
	25-29	53	10.5
	30-34	74	14.7
	35-39	59	11.7
	40-44	92	18.3
	45-49	64	12.7
	50-54	35	6.9
	55-59	23	4.6
	60-64	21	4.1
	65-69	24	4.8
	70 and over	22	4.4
	Age unknown	13	2.6
	Total	504	100.0
Mean average age: 42.9 years			
Median average age: 42 years			

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Appendix B

TABLE 9 (Continued)

Province	Age Group	Number of Dentists	Percentage of Dentists
British Columbia	20-24 yrs.	17	2.1
	25-29	78	10.1
	30-34	98	12.7
	35-39	93	12.0
	40-44	151	19.5
	45-49	115	14.9
	50-54	58	7.5
	55-59	37	4.7
	60-64	46	6.0
	65-69	35	4.5
	70 and over	26	3.4
	Age unknown	20	2.6
	Total	774	100.0
Mean average age: 43.8 years		Median average age: 43 years	
Northwest Territories and Yukon	20-24 yrs.	0	0.0
	25-29	1	20.0
	30-34	0	0.0
	35-39	1	20.0
	40-44	0	0.0
	45-49	0	0.0
	50-54	1	20.0
	55-59	0	0.0
	60-64	1	20.0
	65-69	1	20.0
	Total	5	100.0
Mean average age: 47.4 years		Median average age: 50 years	

SOURCE: Bureau of Economic Research, Canadian Dental Association.

TABLE 10 Number of dental hygienists, ratio to licensed dentists and population per hygienist, January, 1968.

Province	Hygienists	Hygienists/ Dentists	Population per Hygienist
Newfoundland	0	0/51	—
Prince Edward Island	2	1/15	54,500
Nova Scotia	31	1/8	24,419
New Brunswick	3	1/45	206,667
Quebec	8	1/198	733,500
Ontario	197	1/14	36,289
Manitoba	24	1/12	40,125
Saskatchewan	14	1/16	68,429
Alberta	60	1/9	24,833
British Columbia	37	1/22	52,622
Canada	376	1/18	54,269

SOURCE: Bureau of Economic Research, Canadian Dental Association.

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TABLE 11 Estimated number of dental assistants employed full-time* by dentists practising in Canada, 1967, by province.

Province	Number of Dental Assistants
Newfoundland	40
Prince Edward Island	20
Nova Scotia	130
New Brunswick	90
Quebec	990
Ontario	2,400
Manitoba	250
Saskatchewan	240
Alberta	540
British Columbia	800
Canada	5,500

*In addition, an estimated 1,400 dental assistants are employed on a part-time basis.

SOURCE: Bureau of Economic Research, Canadian Dental Association.

TABLE 12 Number of dental technicians* employed in dental laboratories** in 1965 and estimated number of dental technicians employed full-time by dentists practising in Canada, 1967, by province.

Province	Technicians employed			
	By Dental Laboratories			By Dentists
	Both Sexes	Male	Female	
Newfoundland	10	9	1	15
Prince Edward Island				0
Nova Scotia	56	37	19	5
New Brunswick	21	12	9	0
Quebec	247	234	13	90
Ontario	656	497	159	65
Manitoba	90	68	22	3
Saskatchewan	60	50	10	2
Alberta	151	103	48	10
British Columbia	189	132	57	10
Canada	1,480	1,142	338	200

*Production and related workers only. Does not include administrative and office personnel.

**Does not include dental laboratories operated on a non-commercial basis, i.e. by a government body or as part of a dental faculty or those operated as a subsidiary activity by dentists.

SOURCE: Dominion Bureau of Statistics, *Scientific and Professional Equipment Manufacturers, 1965*, Cat. No. 47-206, Tables 1 and 8; Bureau of Economic Research, Canadian Dental Association.

DENTAL HEALTH ESTIMATES OF CANADIAN CHILDREN — A REPORT PREPARED FOR THE CANADIAN DENTAL ASSOCIATION BY D. W. LEWIS, APRIL 1, 1968

Data Sources

1. The data sources are listed in *Appendix I*. Data on children's dental health were sought from the dental directors of all ten provinces, (*Appendix II*). Information of varying degrees was received from nine provinces. Unfortunately, some of the data received were not suitable because of questions related to representativeness of the sample, or to lack of age-specific information, or to incomparability of the indices used. However, the splendid co-operation of these provincial dental directors is much appreciated.

Data Used

2. The data from five provinces seemed most suitable and for three of these (British Columbia, Ontario, Nova Scotia) recent complete random samples were available. Therefore, all national estimates, both on an age-specific and combined age basis, were calculated using data from these five provinces (Tables I to 6). Since data from 5, 7, 9, 11, and 13-year-olds were most commonly available, all estimates refer to children of these ages.

Indices Used

3. The Indices reported here, while they hopefully provide some of the essential basic information necessary to formulate a dental health plan for Canadian children, represent only a selection of those available from the *Canadian Dental Health Index* and the British Columbia systems. Useful additional indices which are not found in the Canadian and British Columbia methodologies would be age-specific frequency distributions of carious teeth needing extraction or restoration (to indicate the proportion of children with need for 0, 1, 2, . . . n operations — an important consideration in efficient treatment planning) and age-specific ratios indicating treatment needs (e.g. d/def) and treatment levels (e.g. f/def.).

4. All indices used here are defined in *Appendix III*. The Index "Severe Malocclusion" may serve to indicate the percentage of children needing some form of orthodontic therapy — although only two provinces are represented.

Provincial and National Estimates

5. With two provinces (Alberta and Saskatchewan) it was necessary to use local population figures (1966 federal census) to generate the appropriate provincial estimates from the survey material available. For the combination of provincial survey data into a national estimate, the most recent provincial population figures (1966 federal census) were used to develop combining weights. The protocol for all combinations is reported in the 1959 CDA publication, *The Evaluation of Canadian Dental Health*.

Representatives of the Estimates

6. The completed provincial and national estimates were compared with other scattered data available from several of these five provinces (section 2) and limited material available from four other provinces as a crude check on the validity of

the data presented here. The comparison was favourable although truly reliable estimates of dental health status must await the future reports of the national committee now working on this project.

Confidence Ranges

7. While standard errors were available for some indices for some provinces (Table 2 to 6) these have not been combined at this time to give the appropriate standard error attached to each national estimate. This would be desirable since it would permit, for each index, the calculation of a confidence range within which the true index value might reasonably be expected to lie. This range would serve to emphasize that these true values might in fact be lower or higher than the "absolute" estimates presented here indicate. An appreciation of this is very important in predicting time and cost estimates for providing dental care since such time-cost estimates will vary greatly according to whether the actual true disease prevalence is lower or higher than the figures presented in this report suggest.

Influence of Fluoridation

8. The dental caries estimates recorded here should be considered as reflecting the actual current influence of fluoridation in Canada on dental health since in all five provinces the data include not only rural areas but also communities having fluoridated water for varying lengths of time. Therefore, it would be improper to decrease, for example, the reported def and DMF scores, by, say, one-half to give final estimates assuming all communal water supplies were eventually fluoridated. Universal water fluoridation and extensive topical fluoride programs on a mass basis, particularly, in rural areas, would depress somewhat the dental caries estimates reported here — perhaps eventually by 25 per cent — but this is just a guess.

9. While the caries-deterrent effect of topical fluoride solutions is well established, it is important for realistic program planning that the anticipated effect not be overstated on the basis of some studies with large reported percentage reductions. Conservative reductions in annual dental caries increments in unfluoridated regions of twenty-five to forty per cent on the basis of recent studies (e.g. Averill et al, 1967; Cons, personal communication, 1967; Horowitz, 1968) might be more realistic. Some of the recent work involving the use of fluoride gels and mouthwashes on a group (classroom) basis with a high supervisor: patient ratio (1:1 hygienist or dentist: patient ratio with the directly applied topical solutions) suggest that caries reduction using these methods is directly related to the frequency of use (daily or weekly) of the material. The high caries reductions experienced with frequent treatments have not been paralleled when the treatments were reduced in frequency as might seem administratively more feasible. Since these group or public health methods of using topical fluorides are so highly desirable in view of dental manpower shortages and economy, further research into this area by Canadian workers on Canadian children should receive high priority.

Acknowledgements: In addition to the provincial dental directors who provided the requested data, the author is also indebted to Joan Megahey and Mary Lynne Bratti of the Faculty of Dentistry, University of Toronto, for technical assistance.

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Appendix C

TABLE 1: Provincial age-adjusted* and combined national estimates of dental health for specific age groups.

Index	Age Range	Province					*Canada**
		B.C. (1)	Alta. (2)	Sask. (3)	Ont. (4)	N.S. (5)	
1. No Caries Defect (%)	(5-13)	27.34 (8490) B	—	30.03 (3574)	30.65 (1770)	12.01 (2867)	28.68 (1)(3)(4)(5)
2. Teeth Needing Restoration (avg.)							
a. deciduous	(5-9)	1.97 (4704)	1.90 (3784)	—	—	3.05 (1491)	2.14 (1)(2)(5)
b. permanent	(7-13)	2.12 (7599)	1.34 (5109)	—	—	2.68 (2615)	1.95 (1)(2)(5)
c. decid. & perm.	(5-13)	3.05 (8490)	2.37 (5897)	2.51 (3574)	2.79 (1770)	4.20 (2867)	2.84 (1-5)
3. Teeth Needing Extractions (avg.)							
a. deciduous	(5-9)	—	—	—	—	1.15 (1491)	—
b. permanent	(7-13)	0.13 (7599)	—	—	—	.44 (2615)	—
4. def. Teeth (avg.)	(5-9)	5.69 (4704)	5.39 (3784)	4.62 (2144)	5.11 (1049)	5.90 (1491)	5.23 (1-5)
5. DMF Teeth (avg.)	(7-13)	4.51 (7599)	3.57 (5109)	3.57 (3175)	3.48 (1461)	4.52 (2615)	3.71 (1-5)
6. Poor Oral Hygiene (%)	(5-13)	46.15 (8490)	—	54.25 (3574)	41.71 (1770)	68.50 (2867)	45.54 (1)(3)(4)(5)
7. Abnormal Gingiva (%)	(5-13)	24.65 (8490)	—	19.85 (3574)	31.25 (1770)	47.95 (2867)	30.22 (1)(3)(4)(5)
8. Abnormal Occlusion (%)	(5-13)	60.88 (8490)	—	60.20 (3574)	54.74 (1770)	74.95 (2867)	57.76 (1)(3)(4)(5)
9. Severe Malocclusion (%)***	(7-15)	27.5	—	—	—	20.3	

NOTE: “—” means no data available

* 1966 Federal Census population figures were used to develop age weights.

** The numbers beneath each figure represent the provinces contributing to the Canadian estimates.

*** See Introductory Text

B Sample Size

TABLE 2: Age-specific provincial and national estimates of dental health according to selected indices, age 5.

Index	Province					*Canada**
	B.C. (1)	Alta. (2)	Sask. (3)	Ont. (4)	N.S. (5)	
1. No Caries Defect (%)	45.8 (1.7) B	—	39.69 (2.45)	39.8 (2.78)	17.46 (2.39)	39.27 (1) (3) (4) (5)
2. Teeth Needing Restoration (avg.)						
a. deciduous	2.1	1.69	—	—	3.77	—
b. permanent	—	—	—	—	0.32	—
c. decid. & perm.	2.1	1.69	2.44 (.14)	2.39 (.16)	4.09 (.21)	2.36 (1-5)
3. Teeth Needing Extractions (avg.)						
a. deciduous	—	—	—	—	0.98	—
b. permanent	—	—	—	—	0.01	—
4. def. Teeth (avg.)	4.8 (.124)	4.94 (.273)	4.09 (.21)	4.48 (.21)	5.83 (.27)	4.63 (1-5)
5. DMF Teeth (avg.)	—	—	.12 (.01)	.10 (.03)	.38 (.07)	.13 (3-5)
6. Poor Oral Hygiene (%)	31.1 1.5)	—	37.22 (2.39)	27.8 (2.55)	61.11 (3.07)	31.61 (1) (3) (4) (5)
7. Abnormal Gingiva (%)	21.7 (1.4)	—	13.10 (1.69)	26.5 (2.51)	41.67 (3.11)	25.50 (1) (3) (4) (5)
8. Abnormal Occlusion (%)	40.3 (1.7)	—	36.50 (2.35)	38.5 (2.77)	51.59 (3.15)	39.57 (1) (3) (4) (5)
9. Severe Malocclusion (%)***	17.5 (1.3)	—	—	—	—	—
SAMPLE SIZE	891	192	399	309	252	

NOTE: "—" means no data available

* 1966 Federal Census population figures were used to develop age weights.

** The numbers beneath each figure represent the provinces contributing to the Canadian estimates.

*** See Introductory Text

B Standard Error

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Appendix C

TABLE 3: Age-specific provincial and national estimates of dental health according to selected indices, age 7.

Index	Province					*Canada**
	B.C. (1)	Alta. (2)	Sask. (3)	Ont. (4)	N.S. (5)	
1. No Caries Defect (%)	24.7 (1.0)B	—	31.31 (3.55)	26.3 (2.28)	12.94 (1.35)	25.52 (1)(3)(4)(5)
2. Teeth Needing Restoration (avg.)						
a. deciduous	2.2	2.19	—	—	3.23	2.39 (1)(2)(5)
b. permanent	1.2	0.90	—	—	1.49	1.15 (1)(2)(5)
c. decid. & perm.	3.4	3.09	2.76 (0.1)	3.44 (.17)	4.72 (.14)	3.4 (1-5)
3. Teeth Needing Extractions (avg.)						
a. deciduous	—	—	—	—	1.28	—
b. permanent	—	—	—	—	.07	—
4. def. Teeth (avg.)	6.5	6.27	5.11 (.05)	5.64 (.18)	6.54 (.15)	5.85 (1-5)
5. DMF Teeth (avg.)	1.7 (.3)	1.60	1.38 (.005)	1.39 (.09)	1.84 (.08)	1.49 (1-5)
6. Poor Oral Hygiene (%)	46.0 (1.1)	—	55.31 (4.17)	40.9 (2.55)	68.61 (1.87)	45.09 (1)(3)(4)(5)
7. Abnormal Gingiva (%)	26.1 (1.0)	—	22.71 (3.00)	37.6 (2.51)	57.12 (1.99)	35.58 (1)(3)(4)(5)
8. Abnormal Occlusion (%)	59.3 (1.1)	—	63.84 (3.66)	53.2 (2.59)	74.76 (1.75)	56.78 (1)(3)(4)(5)
9. Severe Malocclusion (%)***	26.1 (1.0)	—	—	—	20.4	—
SAMPLE SIZE	1891	1654	849	372	618	
	1588					

NOTE: “—” means no data available

* 1966 Federal Census population figures were used to develop age weights.

** The numbers beneath each figure represent the provinces contributing to the Canadian estimates.

*** See Introductory Text

B Standard Error

TABLE 4: Age-specific provincial and national estimates of dental health according to selected indices, age 9.

Index	Province					*Canada**
	B.C. (1)	Alta. (2)	Sask. (3)	Ont. (4)	N.S. (5)	
1. No Caries Defect (%)	19.8 (0.8) B	—	21.72 (1.69)	24.7 (2.25)	9.32 (1.17)	22.46 (1)(3)(4)(5)
2. Teeth Needing Restoration (avg.)						
a. deciduous	1.6	1.81	—	—	2.10	1.77 (1)(2)(5)
b. permanent	1.7	1.06	—	—	2.30	1.58 (1)(2)(5)
c. decid. & perm.	3.3	2.89	2.87 (.11)	3.01 (.15)	4.40 (.11)	3.11 (1-5)
3. Teeth Needing Extractions (avg.)						
a. deciduous	—	—	—	—	1.15	—
b. permanent	0.1	—	—	—	0.33	—
4. def. Teeth (avg.)	5.8	4.96	4.68 (.14)	5.25 (.17)	5.33 (.13)	5.24 (1-5)
5. DMF Teeth (avg.)	3.3 (.3)	3.01	2.76 (.07)	2.71 (.09)	3.51 (.09)	2.88 (1-5)
6. Poor Oral Hygiene (%)	50.9 (1.1)	—	61.88 (1.95)	46.7 (2.60)	73.75 (1.77)	50.75 (1)(3)(4)(5)
7. Abnormal Gingiva (%)	24.0 (1.0)	—	22.07 (1.73)	35.3 (2.49)	51.05 (2.01)	33.20 (1)(3)(4)(5)
8. Abnormal Occlusion (%)	68.8 (1.1)	—	68.08 (1.79)	58.7 (2.57)	80.84 (1.58)	62.92 (1)(3)(4)(5)
9. Severe Malocclusion (%)***	24.0 (1.0)	—	—	—	18.2	—
SAMPLE SIZE	1922	1938	896	368	621	
	1408					

NOTE: "—" means no data available

* 1966 Federal Census population figures were used to develop age weights.

** The numbers beneath each figure represent the provinces contributing to the Canadian estimates.

*** See Introductory Text

B Standard Error

Appendix C

TASK FORCE

TABLE 5: Age-specific provincial and national estimates of dental health according to selected indices, age 11.

Index	Province					*Canada**
	B.C. (1)	Alta. (2)	Sask. (3)	Ont. (4)	N.S. (5)	
1. No Caries Defect (%)	23.9 (1.0) B	—	27.89 (1.84)	29.9 (2.38)	9.68 (1.15)	27.21 (1) (3) (4) (5)
2. Teeth Needing Restoration (avg.)						
a. deciduous	0.7	0.70	—	—	0.59	.68 (1) (2) (5)
b. permanent	2.2	1.40	—	—	2.87	2.04 (1) (2) (5)
c. decid. & perm.	2.9	2.10	2.23 (.10)	2.44 (.14)	3.46 (.11)	2.51 (1-5)
3. Teeth Needing Extractions (avg.)						
a. deciduous	—	—	—	—	.44	—
b. permanent	0.1	—	—	—	.53	—
4. def. Teeth (avg.)	2.0	4.96	1.81 (.11)	1.84 (.13)	2.23 (.10)	2.26 (1-5)
5. DMF Teeth (avg.)	5.1 (0.5)	3.01	4.00 (.11)	4.06 (.14)	5.28 (.12)	4.15 (1-5)
6. Poor Oral Hygiene (%)	52.9 (1.1)	—	58.82 (2.02)	46.1 (2.59)	69.43 (1.79)	50.12 (1) (3) (4) (5)
7. Abnormal Gingiva (%)	24.7 (1.0)	—	19.72 (1.67)	31.8 (2.42)	43.83 (1.93)	30.29 (1) (3) (4) (5)
8. Abnormal Occlusion (%)	68.0 (1.1)	—	67.21 (1.86)	66.0 (2.46)	86.14 (1.34)	67.90 (1) (3) (4) (5)
9. Severe Malocclusion (%)***	24.7 (1.0)	—	—	—	20.2	
SAMPLE SIZE	1967	1031	918	371	664	
		1136				

NOTE: “—” means no data available

* 1966 Federal Census population figures were used to develop age weights.

** The numbers beneath each figure represent the provinces contributing to the Canadian estimates.

*** See Introductory Text

B Standard Error

TABLE 6: Age-specific provincial and national estimates of dental health according to selected indices, age 13.

Index	Province					*Canada**
	B.C. (1)	Alta. (2)	Sask. (3)	Ont. (4)	N.S. (5)	
1. No Caries Defect (%)	21.3 (0.9) B	—	29.26 (1.99)	32.9 (2.51)	10.25 (1.14)	28.90 (1) (3) (4) (5)
2. Teeth Needing Restoration (avg.)						
a. deciduous	—	—	—	—	.07	—
b. permanent	3.6	2.10	—	—	4.29	3.19 (1) (2) (5)
c. decid. & perm.	3.7	2.10	2.22 (.11)	2.71 (.18)	4.36 (.13)	2.85 (1-5)
3. Teeth Needing Extractions (avg.)						
a. deciduous	—	—	—	—	.15	—
b. permanent	0.3	—	—	—	.81	—
4. def. Teeth (avg.)	0.2	—	.30 (.01)	.23 (.04)	.43 (.04)	.25 (1) (3) (4) (5)
5. DMF Teeth (avg.)	8.5 (.8)	7.09	6.57 (.14)	6.17 (.23)	7.95 (.16)	6.77 (1-5)
6. Poor Oral Hygiene (%)	52.2 (1.2)	—	60.51 (2.16)	49.4 (2.67)	71.35 (1.69)	52.47 (1) (3) (4) (5)
7. Abnormal Gingiva (%)	27.5 (1.0)	—	22.45 (1.85)	24.9 (2.31)	46.49 (1.87)	26.67 (1) (3) (4) (5)
8. Abnormal Occlusion (%)	71.4 (1.1)	—	68.51 (1.98)	60.0 (2.62)	85.25 (1.33)	64.60 (1) (3) (4) (5)
9. Severe Malocclusion (%)***	27.5 (1.1)	—	—	—	20.0	—
SAMPLE SIZE	1819	977	512	350	712	

NOTE: "—" means no data available

* 1966 Federal Census population figures were used to develop age weights.

** The numbers beneath each figure represent the provinces contributing to the Canadian estimates.

*** See Introductory Text

B Standard Error

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Appendix C

APPENDIX I: DATA SOURCES

BRITISH COLUMBIA:

British Columbia Dental Health Surveys 1961-67 — Division of Vital Statistics Special Report Number 100.

ALBERTA:

Alberta Survey 1964-65. Data from Health Units, Edmonton, Calgary and Faculty of Dentistry, University of Alberta.

SASKATCHEWAN:

Saskatchewan Department of Public Health — Dental Health Division First Progress Report, 1967.

Cupar Region — 7, 9, 11 years only.

Kamsack Region — 7, 9, 11 years only.

Saskatchewan Dental Health Statistics Book I— Surveys Conducted in cities of Regina and Saskatoon, 1965.

Regina — 5 to 13 years.

Saskatoon — 5 to 13 years.

ONTARIO:

Ontario Children's Survey — Published in *Journal of Ontario Dental Association*, Vol. 44:14-19, 18-24, 16-22 (in three parts); 1967.

NOVA SCOTIA

Department of Public Health, Nova Scotia — Progress Report, Division of Dental Health Consultation Services, 1966; plus some supplementary data from Dr. A. M. Hunt's 1966 Survey Analysis and pages 98 and 100 of Dr. G. W. Thompson's M.Sc.D. Thesis, University of Toronto, 1967.

APPENDIX II: UNIVERSITY OF TORONTO — FACULTY OF DENTISTRY

January 17, 1968

Dear

I have been asked by the Canadian Dental Association to act as a resource person to gather data on the dental health needs of Canadian children. While I do have a limited amount of recent survey data at my disposal, I do not feel that I have sufficient data to make National estimates. I would very much appreciate your help.

Could you send me a copy of the results of the latest dental survey in your area. In particular I would like the disease levels at specific ages if these are available and other relevant information such as sample size, year(s) of survey, areas surveyed. Your latest annual report may be ideal but if you have other later or more detailed information I would appreciate a copy of this as well.

The C.D.A. has requested that this information be available in two weeks so please send me something (!) at your earliest convenience.

Thank you.

Yours sincerely,
D. W. Lewis, D.D.S., D.D.P.H., M.Sc.D.,
Association Professor of Dental Public Health.

DWL:mlb

APPENDIX III: DEFINITIONS OF INDICES USED

1. *No Caries Defects*: Percentage of children having caries treatment completed or never needed and periodontic, orthodontic, or oral hygiene conditions may be faulty.
2. *Teeth Needing Restoration*: Average number of teeth per child which are carious and not beyond restoration.
3. *Teeth Needing Extractions*: Average number of teeth per child which have their crowns destroyed (i.e. with less than one-third of the crown left or abscessed).
4. *def Teeth*: Average number of decayed, prematurely missing, or restored deciduous teeth or tooth crowns per child.
5. *DFM Teeth*: Average number of decayed, missing or restored permanent teeth or tooth crowns per child.
6. *Poor Oral Hygiene*: Percentage of children with stain or materia alba present on the gingival third of two or more teeth.
7. *Abnormal Gingiva*: Percentage of children with simple or hyperpastic gingivitis affecting the tissues of two or more teeth.
8. *Abnormal Occlusion*: Percentage of children having one or more of the following abnormalities: drifted teeth, crowded teeth, excessive over-bite or overjet, open bite, cross bite, faulty cuspid or molar relationship.
9. *Severe Malocclusion*: For British Columbia, definition is given on page 29 of Special Report Number 100, January, 1968. For Nova Scotia, calculated treatment priority scores of five or greater were used.

Appendix D

INITIAL AND MAINTENANCE DENTAL CARE NEED ESTIMATES A SECOND REPORT PREPARED FOR THE CANADIAN DENTAL ASSOCIATION

By D. W. LEWIS, April 16, 1968

1. The estimates contained in this report have been based on selections made from the limited data available to the author (*Appendix I*). The sample of ma-

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terial available is in no sense random. In all probability, the dental examiners used varying examination criteria. In order to get enough data, particularly for younger ages and yearly disease increments for all ages, some of the children used to derive these estimates lived in fluoridated areas and/or had been exposed to topical fluorides so that some indefinable benefits of fluoridation are inherent in the data. Since these data were obtained (with one exception) without the additional diagnostic advantages of radiographs, the anticipated depression of the caries rates due to extended use of fluorides may be cancelled out by the increased dental caries which would be revealed if radiographs had been used. For all these reasons, the figures used in this second report, while they may be useful as guides to initiate a dental health plan for children, must be considered as crude indicators which will have to be refined as further data become available. Indeed, one of the important functions of the dental health plan should be that of gathering of dental disease prevalence and incidence, program utilization rates and other factors necessary to develop time-cost estimates for initial and maintenance dental care, i.e. "building on experience." The same equations used to develop, for example, the dental manpower estimates of the dental health plan can then be recalculated using this new and probably more reliable data to give more valid estimates.

2. Tables I and II give estimates of the average initial care needs of three-year-old children and the average maintenance dental care needs of four-to fifteen-year-old children, respectively. In Table III, these average estimates for restoration, extraction, pulpotomy and space maintenance needs have been transformed into time and relative value units using time ($T=15$ minutes) and responsibility factors from the 1967 Ontario Dental Association Fee Schedule. Such transformations were not possible for root canal therapy, periodontic treatment or orthodontic care requirements. For age nine and up, additional factors for the increased time required to restore permanent molar teeth have been included in the tables and it might be necessary to average these time estimates and relative value units to give the final estimates for ages nine to fifteen.

3. From Table III, the total for each age of the third column of figures ($N \times T$) gives the total time estimate for each age cohort. Initially these time estimates (plus a constant time factor, say $2T$ or $3T$, for examination, history, radiographs, diet consultation, patient education, prophylaxis and topical fluoride application) may be combined with population projections and utilization rates for any given year of the program to give the estimated total hours required for initial and maintenance dental care for that year for the services listed earlier and those indicated in the previous paragraph *only*.

Such an equation follows:

$$\text{Tot}_j = \frac{\sum_{i=1}^{i=j} ((P_{ij} \times U_{ij}) (T_i + K))}{4}$$

Where Tot_j = Total time in hours required in the j^{th} year of the program.

i = age cohort; $i = 1$ for initial group of three-year-olds, $i = 2$ for 4-year-olds, etc.

- j = Year of program; e.g. $j = 1, 2, 3, \dots, 13 = 1969, 1970, 1971, \dots 1981$ if program starts in 1969.
- P_{ij} = population projection for the i^{th} age cohort in the j^{th} year.
- U_{ij} = utilization rate expressed as a proportion for the i^{th} age cohort in the j^{th} year.
- T_i = Time estimate (sum of $N \times T$ for each age from Table III)
For the i^{th} age cohort; $i = 1$ for initial care of 3-year-olds, $i = 2, 3, \dots, 13$ for maintenance care of 4, 5, $\dots$, 15-year-olds.
- K = The constant amount of time (in units of 15 minutes) required for standard services (examination, radiographs, prophylaxis, etc.) for every patient; e.g. $K = 2$ or 3 (30 or 45 minutes).

Acknowledgements: The author is indebted to Joan Megahey and Mary Lynne Bratti of the Faculty of Dentistry, University of Toronto, for technical assistance.

TABLE I: Initial care dental need estimates of three-year-old Canadian children — fluoride and non-fluoride areas combined.

1. TREATMENT OF DENTAL CARIES			
i. Percentage of children with no apparent need for caries treatment (i.e. No Caries Defects) 40%			2, 4, 5, 6
ii. <i>Average Caries Attack per Child</i>			
deft	defs	DMFT	DMFS
2.27	3.4**	—	—
(1.0 to 4.25)			1, 2, 3, 4
iii. <i>Average Services Needed per Child</i>			
(a) Restorations***	2.27		5
one surface		1.20	
two surfaces		.95	
three + surfaces****		.12	
(b) Extractions		.10	4, 5
(c) Endodontia			
pulpotomy		0.16	5 (4 yrs. and under)
root canal therapy		0.00	5 (4 yrs. and under)
2. PERIODONTIC TREATMENT			
SOURCE*			
i. <i>Periodontic Disease Levels</i>			
Percentage of Children with Abnormal Gingiva	0.8 -1.9		2
Average No. of PMA Affected (PMA units)	0.86-1.75		4
ii. Percentage of Children Requiring Treatment	0.00		5 (4 yrs. and under)

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3. ORTHODONTIC TREATMENT		SOURCE*
i. Average Need for Space Maintainers per Child	0.09	5 (4 yrs. and under)
ii. Percentage Needing Space Maintainers	6.2 %	
iii. Percentage Needing Correction of Malocclusion	4.0 %	

*See Appendix I for data source list; only limited data were selected from each reference source.

**defs score was estimated from defs: deft ratio obtained from slightly older age groups.

***The distribution of surfaces was estimated by multiplying the known percentage of each type of restoration for children four years old and under (from source 5) by the deft score.

****Three + surfaces are assumed to include stainless steel crown requirements.

TABLE II: Maintenance care dental need estimates for Canadian children aged four to fifteen — fluoride and non-fluoride areas combined.

1. TREATMENT OF DENTAL CARIES

i. *Average Caries Attack per Child per Year:* SOURCES*: 1, 2, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16

Age	deft increment	defs increment	DMFT increment	DMFS increment
4	1.13	1.72 (est)	—	—
5	1.13	1.86 (est)	.13	.13 (est)
6	1.40	3.05	.73	1.03
7	.46	1.13	.88	1.22
8	.25 (est)	.63 (est)	.83	1.26
9	.25 (est)	.63 (est)	.74	1.84
10	—	—	1.00	1.88
11	—	—	1.16	1.93
12	—	—	1.89	3.02
13	—	—	1.96	2.27
14	—	—	1.53	4.58
15	—	—	1.71	—

ii. *Average Services Needed per Child per Year:*

		AGE											
		4	5	6	7	8	9	10	11	12	13	14	15
(a)	Restorations**	1.13	1.26	2.10	1.34	1.08	.99	1.00	1.16	1.89	1.96	1.53	1.71
	one surface	0.60	0.26	0.53	0.41	0.42	0.44	0.51	0.61	1.13	1.22	1.05	1.29
	two surfaces	.47	0.76	1.21	0.74	0.51	0.41	0.36	0.40	0.55	0.53	0.36	0.33
	three + surfaces	.06	0.24	0.36	0.19	0.15	0.14	0.13	0.15	.21	0.21	.12	0.09

(b) Extractions*** (Source: 5, 8)*	.11	.15	.15	.15	.15	.15	.15	.15	.15	.15	.15	.15
(c) Endodontics*** (Source: 5)*												
pulpotomy	.16	.07	.07	.07	.07	.07	.01	.01	.01	.01	.01	.01
root canal therapy	.00	.00	.00	.00	.00	.00	.04	.04	.04	.04	.04	.04

2. PERIODONTIC TREATMENT***

Percentage of Children Requiring Annual Treatment	Source: 5*											
	0.0	0.2	0.2	0.2	0.2	0.2	0.8	0.8	0.8	0.8	0.8	0.8

3. ORTHDONTIC TREATMENT

i. Space Maintainers***

Age	Avg. Need	Percentage Needing	Source*
4 and under	.09	6.2	5
5-9	.16	10.3	5
10-14	.04	2.3	5

ii. Percentage needing correction of malocclusion was not estimated.

*See Appendix I for Data Source List.
**The distribution of surfaces was estimated as in Table I using Source 5 for 4-year-olds and Source 1 (Table XVI) for 5- to 14-year-olds.
***The actual annual increment of these estimates is unknown but should be small under incremental care.

TABLE III: Estimated Time(T), Responsibility(R), and Relative Value Units (TxR) for initial care of three-year-old and maintenance care of four- to fifteen-year-old children.

Age	Service	Frequency of Service (N)	Time Unit (T)	N x T	Reponsi- bility Unit (R)	Relative Value Unit (NxTxR)
3	Restorations					
	1 surface	1.20	1.00	1.20	1.00	1.20
	2 surfaces	0.95	1.75	1.66	1.25	2.08
	3 + surfaces	0.12	2.00	0.24	1.25	0.30
	Extractions	0.10	1.00	0.10	1.25	0.13
	Endodontia					
	pulpotomy	0.16	1.00	0.16	1.25	0.20
	root canal therapy	0.00	—	—	—	—
	Periodontic Treatment	0.0%	—	—	—	—
4	Space Maintenance	0.09	4.00	0.36	1.75	0.63
				3.72		
	Restorations					
	1 surface	0.60	1.00	0.60	1.00	0.60
	2 surfaces	0.47	1.75	0.82	1.25	1.03
	3 + surfaces	0.06	2.00	0.12	1.25	0.15
	Extractions	0.11	1.00	0.11	1.25	0.14

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TABLE III cont'd.

Age	Service	Frequency of Service (N)	Time Unit (T)	N x T	Reponsi- bility Unit (R)	Relative Value Unit (NxTxR)
5	Endodontia					
	pulpotomy	0.16	1.00	0.16	1.25	0.20
	root canal therapy	0.00	—	—	—	—
	Periodontic Treatment	0.2%	—	—	—	—
	Space Maintenance	0.09	4.00	0.36	1.75	0.63
				2.17		
	Restorations					
	1 surface	0.26	1.00	0.26	1.00	0.26
	2 surfaces	0.76	1.75	1.33	1.25	1.66
	3 + surfaces	0.24	2.00	0.48	1.25	0.60
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.07	1.00	0.07	1.25	0.09
	root canal therapy	0.00	—	—	—	—
	Periodontic Treatment	0.2%	—	—	—	—
	Space Maintenance	0.16	4.00	0.64	1.75	1.12
				2.93		
	Restorations					
	1 surface	0.56	1.00	0.56	1.00	0.56
6	2 surfaces	1.21	1.75	2.11	1.25	2.64
	3 + surfaces	0.36	2.00	0.72	1.25	0.90
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.07	1.00	0.07	1.25	0.09
	root canal therapy	0.00	—	—	—	—
	Periodontic Treatment	0.2%	—	—	—	—
	Space Maintenance	0.16	4.00	0.64	1.75	1.12
				4.25		
	Restorations					
	1 surface	0.41	1.00	0.41	1.00	0.41
	2 surfaces	0.74	1.75	1.30	1.25	1.63
	3 + surfaces	0.19	2.00	0.38	1.25	0.48
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.07	1.00	0.07	1.25	0.09
	root canal therapy	0.00	—	—	—	—
	Periodontic Treatment	0.2%	—	—	—	—
	Space Maintenance	0.16	4.00	0.64	1.75	1.12
7				2.95		
	Restorations					
	1 surface	0.42	1.00	0.42	1.00	0.42
	2 surfaces	0.51	1.75	0.89	1.25	1.11
	3 + surfaces	0.15	2.00	0.30	1.25	0.38
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.07	1.00	0.07	1.25	0.09
	root canal therapy	0.00	—	—	—	—
	Periodontic Treatment	0.2%	—	—	—	—
	Space Maintenance	0.16	4.00	0.64	1.75	1.12
				2.95		
	Restorations					
	1 surface	0.42	1.00	0.42	1.00	0.42
	2 surfaces	0.51	1.75	0.89	1.25	1.11
	3 + surfaces	0.15	2.00	0.30	1.25	0.38
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.07	1.00	0.07	1.25	0.09
	root canal therapy	0.00	—	—	—	—
8						
	Restorations					
	1 surface	0.42	1.00	0.42	1.00	0.42
	2 surfaces	0.51	1.75	0.89	1.25	1.11
	3 + surfaces	0.15	2.00	0.30	1.25	0.38
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.07	1.00	0.07	1.25	0.09
	root canal therapy	0.00	—	—	—	—
	Restorations					
	1 surface	0.42	1.00	0.42	1.00	0.42
	2 surfaces	0.51	1.75	0.89	1.25	1.11
	3 + surfaces	0.15	2.00	0.30	1.25	0.38
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.07	1.00	0.07	1.25	0.09
	root canal therapy	0.00	—	—	—	—
	Restorations					
	1 surface	0.42	1.00	0.42	1.00	0.42
	2 surfaces	0.51	1.75	0.89	1.25	1.11
	3 + surfaces	0.15	2.00	0.30	1.25	0.38
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.07	1.00	0.07	1.25	0.09
	root canal therapy	0.00	—	—	—	—

TABLE III cont'd.

Age	Service	Frequency of Service (N)	Time Unit (T)	N x T	Reponsi- bility Unit (R)	Relative Value Unit (NxTxR)
	Periodontic Treatment	0.2%	—	—	—	—
	Space Maintenance	0.16	4.00	$\frac{0.64}{2.47}$	1.75	1.12
9	Restorations					
	1 surface	0.44	1.00/1.25	0.44/0.55	1.00	0.44/0.55
	2 surfaces	0.41	1.75/2.00	0.72/0.82	1.25	0.90/1.03
	3 + surfaces	0.14	2.00/2.50	0.28/0.35	1.25	0.35/0.44
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.07	1.00	0.07	1.25	0.09
	root canal therapy	0.00	—	—	—	—
	Periodontic Treatment	0.2%	—	—	—	—
	Space Maintenance	0.16	4.00	$\frac{0.64}{2.30/2.58}$	1.75	1.12
10	Restorations					
	1 surface	0.51	1.00/1.25	0.51/0.64	1.00	0.51/0.64
	2 surfaces	0.36	1.75/2.00	0.63/0.72	1.25	0.79/0.90
	3 + surfaces	0.13	2.00/2.50	0.26/0.33	1.25	0.33/0.41
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.01	1.00	0.01	1.25	0.01
	root canal therapy	0.04	—	—	—	—
	Periodontic Treatment	0.8%	—	—	—	—
	Space Maintenance	0.04	4.00	$\frac{0.16}{1.73/2.01}$	1.75	0.28
11	Restorations					
	1 surface	0.61	1.00/1.25	0.61/0.76	1.00	0.61/0.76
	2 surfaces	0.40	1.75/2.00	0.70/0.80	1.25	0.88/1.00
	3 + surfaces	0.15	2.00/2.50	0.30/0.38	1.25	0.38/0.48
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.01	1.00	0.01	1.25	0.01
	root canal therapy	0.04	—	—	—	—
	Periodontic Treatment	0.8%	—	—	—	—
	Space Maintenance	0.04	4.00	$\frac{0.16}{1.93/2.26}$	1.75	0.28
12	Restorations					
	1 surface	1.13	1.00/1.25	1.13/1.41	1.00	1.13/1.41
	2 surfaces	0.55	1.75/2.00	0.96/1.10	1.25	1.20/1.38
	3 + surfaces	0.21	2.00/2.50	0.42/0.53	1.25	0.53/0.66
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.01	1.00	0.01	1.25	0.01
	root canal therapy	0.04	—	—	—	—
	Periodontic Treatment	0.8%	—	—	—	—
	Space Maintenance	0.04	4.00	$\frac{0.16}{2.83/3.36}$	1.75	0.28

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TABLE III cont'd.

Age	Service	Frequency of Service (N)	Time Unit (T)	N x T	Reponsi- bility Unit (R)	Relative Value Unit (NxTxR)
13	Restoration					
	1 surface	1.22	1.00/1.25	1.22/1.53	1.00	1.22/1.53
	2 surfaces	0.53	1.75/2.00	0.93/1.06	1.25	1.16/1.33
	3 + surfaces	0.21	2.00/2.50	0.42/0.53	1.25	0.53/0.66
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.01	1.00	0.01	1.25	0.01
	root canal therapy	0.04	—	—	—	—
	Periodontic Treatment	0.8%	—	—	—	—
	Space Maintenance	0.04	4.00	0.16	1.75	0.28
				2.89/3.44		
14	Restorations					
	1 surface	1.05	1.00/1.25	1.05/1.31	1.00	1.05/1.31
	2 surfaces	0.36	1.75/2.00	0.63/0.72	1.25	0.79/0.90
	3 + surfaces	0.12	2.00/2.50	0.24/0.30	1.25	0.30/0.38
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.01	1.00	0.01	1.25	0.01
	root canal therapy	0.04	—	—	—	—
	Periodontic Treatment	0.8%	—	—	—	—
	Space Maintenance	0.04	4.00	0.16	1.75	0.28
				2.24/2.65		
15	Restorations					
	1 surface	1.29	1.00/1.25	1.29/1.61	1.00	1.29/1.61
	2 surfaces	0.33	1.75/2.00	0.58/0.66	1.25	0.73/0.83
	3 +surfaces	0.09	2.00/2.50	0.18/0.23	1.25	0.23/0.29
	Extractions	0.15	1.00	0.15	1.25	0.19
	Endodontia					
	pulpotomy	0.01	1.00	0.01	1.25	0.01
	root canal therapy	0.04	—	—	—	—
	Periodontic Treatment	0.8%	—	—	—	—
	Space Maintenance	0.04	4.00	0.16	1.75	0.28
				2.37/2.82		

APPENDIX I: DATA SOURCES

1. Department of Health Ontario: Dental Conditions Among Elementary and Preschool Children, 1951-56, Pub. 1957, 35 pp.
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REPORT(comment and action in **bold face type**)*Recapitulation*

1. After four years of deficit financing, the Board of Governors in 1966 approved a 1967 budget which limited the Association's activities, refused certain requests from Councils and Committees but which showed a \$90 surplus of estimated revenue over approved anticipated expenditures. (\$262,400 revenue and \$262,310 expenditures.) The year ended with the Association's general account indicating a surplus for 1967 of \$20,264. (See Auditors' statement, appendix T1.) The surplus accrued as a result of three main non-budgeted items:

- (1) The resignation of the Deputy Secretary early in 1967.
- (2) The establishment of a fixed formula for the Journal production costs in relation to advertising revenue.
- (3) Special grants from outside organizations.

Financial Statement

2. The audited financial statement for 1967 is attached as *Appendix T1*.

Estimated Revenue for 1969

3. Estimated revenue for 1969 is shown in *Appendix T2*. For comparative purposes actual revenue figures for 1966 and 1967 as well as those budgeted for 1968 are also given in the same appendix. In the 1969 estimates, corporate member grants are based on \$40 per licensed dentist.

Budget Requests

4. 1969 budget requests by Councils, Committees and Bureaux are listed in *Appendix T3*.

Estimated Expenditures for 1969

5. *Appendix T4* indicates proposed budget expenditures for 1969. Again for comparative purposes, actual expenditure figures for 1966 and 1967 and those budgeted for 1968 are also included in *Appendix T4*.

6. Attention is drawn to the fact that all estimated expenditures for 1969 in *Appendix T4* are not exactly the same as comparable items for 1969 in the Five Year Projection of the Association's financial needs, as reported by the Executive Council (Executive Council Report, *Appendix D*). The differences exist because in *Appendix T4* estimated expenditures are related to specific requests from Councils, Committees and Bureaux, whereas in the Five Year Projection calculations are based on a continuation of essentially the same activities and services as were provided in 1967.

7. The main differences are in the expense reimbursement and office expense items. The former has already been reduced by \$4,500 from original askings as

TREASURER

noted in paragraph 9. The office expense item is increased by \$5,000 in the 1969 budget in order to finance the 1968 quinquennial survey of dental practice recommended by the Dental Services Committee.

8. Anticipated revenue in 1969 based on \$40 per capita corporate member grants will again not permit the Association to meet the service aspirations of its Councils, Committees and Bureaux. The following reductions in askings are proposed and have been incorporated in the 1969 expense estimates as detailed in *Appendix T4*:

	<u>Original Askings</u>	<u>Proposed Reduction</u>	<u>Net Amount Carried to Appendix T4</u>
Council on Education Meeting and Conference	\$3,300	\$ 300	\$3,000
Council on Education Survey	4,000	500	3,500
Executive Council	4,000	1,500	2,500
Insurance Committee	2,000	400	1,600
Research Council	1,500	300	1,200
Auxiliary Services Committee	3,500	500	3,000
Dental Services Committee	4,000	500	3,500
Hospital Services	1,750	200	1,550
Bureau of Public Information	9,800	300	9,500
		<u>\$4,500</u>	

9. The estimated revenue (\$297,000) and expenditures (\$330,800) for 1969 indicate a deficit of \$33,800.

Securities

10. Changes in bond holdings during 1967 are listed in *Appendix T5*.

11. Securities held at December 31, 1967, are listed in *Appendix T6*.

Auditors

12. The co-operation of the Auditors in working with the secretariat to develop an annual statement format that is most useful to the Association is acknowledged with thanks and appreciation.

Special Revenue

13. The Association is again indebted to Procter and Gamble Company for a special grant of \$3,000 received in 1967. By arrangement with the Company, the money was used to help defray the costs of the teaching conference on Community and Social Dentistry held at CDA headquarters early in 1968.

14. Another special grant of \$5,000 was received in 1967 from The Canadian

Life Insurance Association as part of a larger grant to be given over a two-year period. This money was given in support of the Association's public health activities, especially those relating to the promotion of fluoridation of communal water supplies as a public health measure.

15. The gratitude of the Association for these two special grants has been expressed to the donors.

Fidelity Bond

16. As per the Executive Council's directive (minute 32, Executive Council Meeting, February, 1967), the fidelity bond covering CDA employees has been increased to \$25,000.

Reserve Fund

17. Attention is drawn to the fact that no withdrawals were made from the Reserve Fund during 1967 and there were also no transfers to the Reserve. Accrued interest in the amount of \$10,520 was, however, added to the Fund for future investment. This action is in accord with Reserve Fund principles adopted by the Board of Governors in 1967. (1967 *Trans*: 105, 18a)

18. (1) The Auditors' statement for 1967 has been approved by the Executive Council.

(2) The budget for 1969 has been approved by the Executive Council.

Resolved that the budget for 1969 be approved.

ADOPTED

(3) The firm of Thorne, Gunn, Helliwell & Christenson has been appointed auditors to hold office until the first meeting of the Executive Council in 1969.

The report is mainly informative and the Treasurer is commended for his work.

CANADIAN DENTAL ASSOCIATION
FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 1967

Auditors' Report

Balance Sheet

General Account

Statement of Revenue and Expenditure and Surplus

Statement of Source and Application of Funds

Other Statements of Revenue and Expenditure and Surplus

War Memorial Award Fund

The Grieve Memorial Lectureship Fund

Library Trust Fund

Reserve Fund

AUDITORS' REPORT

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1967, and the statements of revenue and expenditure and surplus, and the statement of general account source and application of funds for the year then ended. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the financial position of the Association as at December 31, 1967, and the results of its operations and the general account source and application of funds for the year then ended, on a basis consistent with that of the preceding year.

THORNE, GUNN, HELLIWELL & CHRISTENSON,
Chartered Accountants.

Toronto, Canada
March 1, 1968.

CANADIAN DENTAL ASSOCIATION
BALANCE SHEET — DECEMBER 31, 1967
(with comparative figures at December 31, 1966)

ASSETS		1967	1966
GENERAL ACCOUNT (see Note)			
Current assets			
Cash		\$ 47,024	\$ 36,430
Term deposit		25,000	—
Accounts receivable		1,488	6,944
Prepaid expenses, air travel deposit and accrued interest		2,694	3,224
		<u>\$ 76,206</u>	<u>\$ 46,598</u>
Fixed assets, at cost			
Building, 234 St. George Street, Toronto		\$194,875	\$194,875
Furniture and fixtures		78,260	75,259
		<u>\$273,135</u>	<u>\$270,134</u>
Less accumulated depreciation		88,623	77,929
		<u>\$184,512</u>	<u>\$192,205</u>
Land, 234 S. George Street, Toronto		5,100	5,100
		<u>\$189,612</u>	<u>\$197,305</u>
		<u>\$265,818</u>	<u>\$243,903</u>
WAR MEMORIAL AWARD FUND			
Cash		\$ 845	\$ 689
Accrued interest		147	147
Government, government guaranteed bonds and guaranteed investment certificate, at cost (market value 1967, \$7,657; 1966, \$7,951)		\$ 8,623	\$ 8,623
		<u>\$ 9,615</u>	<u>\$ 9,459</u>
THE GRIEVE MEMORIAL LECTURESHIP FUND			
Cash		\$ 1,495	\$ 479
Accrued interest		68	75
Government and government guaranteed bonds, at cost (market value 1967, 3,566; 1966, \$4,880)		4,343	5,348
		<u>\$ 5,906</u>	<u>\$ 5,902</u>

LIBRARY TRUST FUND		1967	1966
Cash		\$ 88	\$ 4
Term deposit		50,000	—
Accrued interest		183	—
		<u>\$ 50,271</u>	<u>\$ 4</u>
Books		\$ 14,931	\$ 13,987
Less accumulated depreciation		14,930	13,986
		<u>\$ 1</u>	<u>\$ 1</u>
		<u><u>\$ 50,272</u></u>	<u><u>\$ 5</u></u>
RESERVE FUND			
Cash		\$ 12,073	\$ 652
Accrued interest		2,922	2,829
Government, government guaranteed bonds and guaranteed investment certificates, at cost (market value 1967, \$178,013; 1966, \$188,924)		\$203,266	\$204,260
Loan for dental aptitude test program		9,500	9,500
		<u>\$227,761</u>	<u>\$217,241</u>
LIABILITIES AND SURPLUS			
GENERAL ACCOUNT			
Current liabilities			
Accounts payable		\$ 278	\$ —
Sales tax payable		113	169
Deferred income		1,429	—
		<u>\$ 1,820</u>	<u>\$ 169</u>
Surplus		263,998	243,734
		<u>\$265,818</u>	<u>\$243,903</u>
WAR MEMORIAL AWARD FUND			
Surplus		\$ 9,615	\$ 9,459
THE GRIEVE MEMORIAL LECTURESHIP FUND			
Surplus		\$ 5,906	\$ 5,902
LIBRARY TRUST FUND			
Surplus		\$ 50,272	\$ 5
RESERVE FUND			
Surplus		\$227,761	\$217,241

NOTE: 1966 general account assets and liabilities have been restated to eliminate accounts relating to the dental aptitude test program for which separate financial statements are issued as at June 30.

CANADIAN DENTAL ASSOCIATION
GENERAL ACCOUNT
STATEMENT OF REVENUE AND EXPENDITURE AND
SURPLUS (Continued)

YEAR ENDED DECEMBER 31, 1967
(with comparative figures for 1966)

Expenditure	1967	1966
Annual Board Meeting	\$ 12,648	\$ 12,981
Contingency	1,465	10,176
Convention	4,000	3,000
Depreciation		
Building	4,872	4,081
Furniture and fixtures	5,822	5,483
Expense reimbursements	23,104	21,638
Grants		
Canadian Dental Nurses and Assistants	300	—
Canadian Education Week	100	—
Canadian Fund for Dental Education	6,000	5,000
Federation Dentaire Internationale	1,941	1,871
Library Trust Fund	2,200	1,800
Research Fellowship and Studentship	12,000	12,286
History of Dentistry	366	—
Insurance	1,698	1,695
Legal and audit	1,600	1,600
Office supplies and expenses	7,746	7,087
Postage	4,552	4,226
Property expenses		
Light, heat and water	2,962	2,562
Repairs and maintenance	6,649	3,141
Taxes	5,300	4,018
Publications other than Journal	32,374	31,533
Purchases for Canadian Dental Research Foundation	250	—
Salaries	115,677	107,466
Salary expenses	12,429	12,479
Telephone and telegraph	2,478	2,376
Translations	2,124	1,400
Loss on sale of fixed assets	—	9
	<u>\$270,657</u>	<u>\$257,908</u>
Surplus for the year	\$ 20,264	\$ 16,798
Surplus at beginning of year	243,734	219,093
Unexpended portion of grant from National Cancer Institute	—	512
Transfer from Employees' Pension Account	—	5,695
Transfer from Reserve Fund for cost of building alterations	—	1,636
Surplus at end of year	<u>\$263,998</u>	<u>\$243,734</u>

CANADIAN DENTAL ASSOCIATION
GENERAL ACCOUNT
STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS
YEAR ENDED DECEMBER 31, 1967
(with comparative figures for 1966)

	1967	1966
Revenue		
Associate memberships	\$ 1,018	\$ 902
Grants from corporate members		
British Columbia	31,400	30,440
Alberta	22,000	21,080
Saskatchewan	8,280	8,080
Manitoba	11,100	11,088
Ontario	105,824	103,832
Quebec	61,280	38,720
New Brunswick	4,672	4,720
Nova Scotia	8,290	8,232
Prince Edward Island	1,202	1,200
Newfoundland	1,720	1,640
Journal of CDA (see Note below)	6,400	3,480
Interest from The Canadian Dental Research Foundation	580	580
Interest income	762	—
National Convention	2,215	1,218
Sale of publications, other than Journal	13,271	12,844
Special grants and sundry income	9,535	—
Subscriptions, CDA Journal	1,372	1,650
Transfer from Reserve Fund	—	25,000
	<u>\$290,921</u>	<u>\$274,706</u>
NOTE:		
Details of Journal of CDA		
Advertising	\$ 85,526	\$ 73,980
Less		
Printing	\$ 43,410	\$ 40,952
Commissions	29,585	25,759
Cuts and postage	4,799	3,789
Sundry	1,332	—
	<u>\$ 79,126</u>	<u>\$ 70,500</u>
	<u>\$ 6,400</u>	<u>\$ 3,480</u>

CANADIAN DENTAL ASSOCIATION
GENERAL ACCOUNT
STATEMENT OF SOURCE AND APPLICATION OF FUNDS
YEAR ENDED DECEMBER 31, 1967
(with comparative figures for 1966)

	1967	1966
Source of funds		
Operations		
Surplus for year	\$20,264	\$16,798
Items not involving an outlay of funds		
Depreciation	10,694	9,564
Loss on sale of furniture and fixtures	—	9
	<u>\$30,958</u>	<u>\$26,371</u>
Proceeds from sale of furniture and fixtures	—	95
Transfer from Reserve Fund	—	1,636
Transfer from Employees' Pension Account	—	5,695
Unexpended portion of grant from National Cancer Institute	—	512
	<u>\$30,958</u>	<u>\$34,309</u>
Application of funds		
Addition to furniture and fixtures	\$ 3,001	\$ 3,294
Addition to building	—	1,636
	<u>\$ 3,001</u>	<u>\$ 4,930</u>
Increase in working capital	\$27,957	\$29,379
Working capital at beginning of year	46,429	17,050
Working capital at end of year	<u>\$74,386</u>	<u>\$46,429</u>
Current assets	\$76,206	\$46,598
Current liabilities	1,820	169
	<u>\$74,386</u>	<u>\$46,429</u>

CANADIAN DENTAL ASSOCIATION
WAR MEMORIAL AWARD FUND
STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS
YEAR ENDED DECEMBER 31, 1967
(with comparative figures for 1966)

	1967	1966
Revenue		
Bond interest	\$ 435	\$ 435
Bank interest	21	16
	<u>\$ 456</u>	<u>\$ 451</u>
Expendiure		
Essay awards	300	300
	<u>\$ 156</u>	<u>\$ 151</u>
Surplus for the year	9,459	9,308
Surplus at beginning of year	<u>\$9,615</u>	<u>\$9,459</u>
Surplus at end of year		

THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS
YEAR ENDED DECEMBER 31, 1967
(with comparative figures for 1966)

	1967	1966
Revenue		
Bond interest	\$ 238	\$ 245
Bank interest	16	16
Donations	—	27
	<u>\$ 254</u>	<u>\$ 288</u>
Expenditure		
Orthodontic Section of Canadian Dental Association	245	245
	<u>\$ 9</u>	<u>\$ 43</u>
Surplus for the year	5,902	5,859
Surplus at beginning of year	<u>\$5,911</u>	<u>\$5,902</u>
Loss on redemption of bond	5	—
Surplus at end of year	<u>\$5,906</u>	<u>\$5,902</u>

CANADIAN DENTAL ASSOCIATION
LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS
YEAR ENDED DECEMBER 31, 1967
(with comparative figures for 1966)

Revenue	1967	1966
Grant from General Account	\$ 2,200	\$ 1,800
Donations	—	5
Bank Interest	191	
	<u>\$ 2,391</u>	<u>\$ 1,805</u>
Expenditure		
Binding books, journals, etc.	\$ 381	\$ 395
Depreciation, books	944	949
Bank charges and interest	15	11
Subscriptions	784	412
	<u>\$ 2,124</u>	<u>\$ 1,767</u>
Surplus for the year	\$ 267	\$ 38
Surplus (deficit) at beginning of year	5	(33)
Special bequest	\$50,000	—
Surplus at end of year	<u>\$50,272</u>	<u>\$ 5</u>

RESERVE FUND
STATEMENT OF REVENUE
YEAR ENDED DECEMBER 31, 1967
(with comparative figures for 1966)

	1967	1966
Interest on bonds	\$ 10,412	\$ 10,213
Bank interest	102	146
Profit on sale of bonds	6	5
Surplus for the year	<u>\$ 10,520</u>	<u>\$ 10,364</u>
Surplus at beginning of year	217,241	233,513
	<u>\$227,761</u>	<u>\$243,877</u>
Transfer to General Account for cost of building alterations	—	\$ 1,636
Transfer to General Account for operating costs	—	25,000
		<u>\$ 26,636</u>
Surplus at end of year	<u>\$227,761</u>	<u>\$217,241</u>

ACTUAL AND ESTIMATED REVENUE

1966 - 1967 - 1968 - 1969

	1966 ACTUAL	1967 ACTUAL	1968 BUDGET	1969 BUDGET
Associate Memberships	\$ 902	\$ 1,018	\$ 1,000	\$ 1,200
Grants Corporate Members				
British Columbia	30,440	31,400	31,000	32,600
Alberta	21,080	22,000	21,000	23,100
Saskatchewan	8,080	8,280	8,000	9,000
Manitoba	11,088	11,100	11,000	11,500
Ontario	103,832	105,824	105,000	109,600
Quebec	38,720	61,280	61,000	64,500
New Brunswick	4,720	4,672	4,700	4,700
Nova Scotia	8,232	8,290	8,300	8,500
Prince Edward Island	1,200	1,202	1,200	1,200
Newfoundland	1,640	1,720	1,600	1,800
Interest — CDRF	580	580	600	600
Interest — Income	—	762	—	—
Journal — (gross revenue)	3,480	6,400	4,200	6,200
National Convention	1,218	2,215	3,000	3,500
Sale of Publications other than Journal	12,844	13,271	15,500	15,500
Special Grants and Sundry Income	—	9,535	—	—
Student Membership	—	—	—	2,000
Subscriptions — JCDA	1,650	1,372	2,000	1,500
Transfer from Reserve	25,000	—	—	—
	<u>\$274,706</u>	<u>\$290,921</u>	<u>\$279,100</u>	<u>\$297,000</u>

1969 BUDGET REQUESTS

	Expense Reimb.	Insur. on Building	Light Heat Water	Other Admin. Exp.	Publications other than Journal	Repairs and Maintenance	Sundry	Taxes	Totals	Proposed Revisions
Councils:										
Const. & By-Laws	3300*						25		25	
Education	800				2700				3300	3000
Nat. Recruit.	4000*								3500	
Survey-Schools	200								4000	3500
War Memorial									200	
Ethics							25		25	
Executive	4000*								4000	2500
Insurance	2000*								2000	1600
Journalism	175						25		200	
Legislation	300				25				325	
Public Health	1000				700				1700	
Research	1500*								1500	1200
Committees										
Auxiliary Services	3500*								3500	3000
Convention							1000		1000	
Dental Services	3500*				500					
Hospital Services	1200*				500		50		1750	1550
Nominations							25		25	
Property		1900	3500				200	6400	17500	
Spec. & Spec.	500								500	
Bureaux										
Economic Research	400			5500 ¹	400				6300	
Public Information	700*				9100				9800	9500

¹\$300 re study of applicants and applications to dental schools requested by Council on Education.
\$5,000 re quinquennial survey of dental practice in Canada requested by Dental Services Committee.
*Items for which a downward revision is proposed.

ACTUAL AND ESTIMATED EXPENDITURES

1966 - 1967 - 1968 - 1969

	1966 ACTUAL	1967 ACTUAL	1968 BUDGET	1969 BUDGET
Annual Board Meeting	\$ 12,981	\$ 12,648	\$ 18,000	\$ 16,000
Contingency	8,165	1,465	6,000	10,000
Conventions	3,000	4,000	1,000	1,000
Expense Reimbursements	21,638	23,104	34,300	33,900
Furniture and Fixtures	3,294	3,001	1,500	4,000
Grants				
Canadian Dental Nurses & Assn.	300	300	300	300
Canadian Education Week	100	100	100	100
CFDE	5,000	6,000	18,000	18,000
FDI	1,871	1,941	1,950	3,000
Library	1,800	2,200	500	1,000
Research Fellowships and Studentships	12,286	12,000	—	—
History of Dentistry and Archives	1,611	366	1,000	1,000
Insurance				
Building, Fidelity Sickness and Travel	1,695	1,698	1,350	3,000
Legal and Audit	1,600	1,600	2,000	2,500
Office Supplies and Expenses	7,087	7,746	8,000	13,000
Postage	4,226	4,552	4,500	5,500
Property Expenses				
Light, Heat, Water	2,562	2,962	2,750	3,500
Repairs and Maintenance	3,141	6,649	5,000	5,500
Taxes	4,018	5,300	5,500	6,500
Publications other than Journal	31,533	32,374	31,000	33,000
Purchase for CDRF award	—	250	—	500
Salaries	107,466	115,677	118,000	144,000
Salary Expenses	12,479	12,429	12,620	17,000
Telephone and Telegraph	2,376	2,478	2,600	3,000
Translations	1,400	2,124	5,500	5,500
	<u>\$251,629</u>	<u>\$262,964</u>	<u>\$281,470</u>	<u>\$330,800</u>

NOTE: (1) Bank charges included with office expenses.

(2) Depreciation which does not involve a current outlay of funds is not included in the above expenditure items.

TREASURER

Appendix T5

BOND CHANGES — 1967

Reserve Fund

Bonds sold:

Province of Prince Edward Island \$1,000 4¼% Dec. 1, 1967.

Grieve Memorial Lectureship Fund

Bonds sold:

Hydro Electric Power Commission of Ontario \$1,000 4½% Nov. 1, 1967.
(Guaranteed by Province)

Appendix T6

SECURITIES ON HAND

DECEMBER 31, 1967

War Memorial Scholarship Fund

Eastern Chartered Trust\$ 4,000 5½% March 16, 1970

Government of Canada 2,500 4½% Sept. 1, 1983
(Conversion Loan)

Province of Ontario 1,000 4¼% May 15, 1971-74

Province of Quebec Debentures 1,000 6% Oct. 15, 1988

Grieve Memorial Lectureship Fund

Government of Canada 3,500 4½% Sept. 1, 1983
(Conversion Loan)

Government of Canada 1,000 4½% Sept. 1, 1983

Reserve Fund

Government of Canada 15,000 5½% Oct. 1, 1975

Government of Canada 1,000 3¼% Oct. 1, 1979

Government of Canada 10,000 3¼% Oct. 1, 1979

Government of Canada 5,000 3¼% Oct. 1, 1979

Government of Canada 10,000 3¾% Jan. 15, 1978

Province of Ontario 1,000 4% Jan. 1, 1966-68

Province of Ontario 3,000 4¼% May 15, 1971-74

Province of Ontario 15,000 5% July 15, 1975

Province of Ontario 2,000 4¼% May 15, 1971-74

Province of Quebec 5,000 5¾% Feb. 1, 1986

Province of New Brunswick 1,000 3¾% Apr. 15, 1970

Province of Nova Scotia 5,000 5% Dec. 15, 1973

Manitoba Telephone 10,000 5½% Dec. 2, 1986

Alberta Government Telephone

Debentures 2,000 4¼% July 2, 1978

Alberta Municipal Finance Corp. 10,000 5½% Apr. 1, 1983

Hydro Elec. Power Comm. of Ontario 500 3% Apr. 1, 1968-70
(Guar. by Province)

Hydro Elec. Power Comm. of Ontario 2,000 4¾% Aug. 15, 1975
(Guar. by Province)

*Hydro Elec. Power Comm. of Ontario	3,000	4¾%	Aug. 15, 1975
		(Guar. by Province)	
Hydro Elec. Power Comm. of Ontario	5,000	5%	Nov. 15, 1976
		(Guar. by Province)	
Hydro Elec. Power Comm. of Ontario	5,000	5%	Oct. 15, 1978
		(Guar. by Province)	
Hydro Elec. Power Comm. of Ontario	10,000	5%	Nov. 15, 1976
		(Guar. by Province)	
Quebec Hydro-Elec. Comm	25,000	5½%	Mar. 1, 1984
		(Sinking Fund Deb.)	
**Canadian National Railway	3,000	3¾%	Feb. 1, 1972-74
**Canadian National Railway	5,000	4%	Feb. 1, 1981
**Canadian National Railway	11,000	4%	Feb. 1, 1981
**Canadian National Railway	1,000	4%	Feb. 1, 1981
Eastern Chartered Trust	10,000	5½%	Mar. 16, 1970
Eastern Chartered Trust	1,000	5½%	Mar. 16, 1970
Royal Trust Company	30,000	short term investment due	May 1, 1968
Hydro-Electric Co. (Guar. by Province			
of Quebec)	1,000	5%	Nov. 15, 1982

*(3 × \$1,000)

** (Guaranteed by Government of Canada)

ANNUAL MEETING CANADIAN DENTAL ASSOCIATION

The annual luncheon meeting of the Canadian Dental Association was held in the Vancouver Hilton Hotel, Vancouver, at 12.30 p.m. on Thursday, June 27, 1968. Dr. Wesley P. Munsie, the retiring President, presided.

Greetings

Greetings were brought by official representatives Dr. Darl Ostrander, President of the American Dental Association, Dr. H. D. Dalglish, President of the Canadian Medical Association, and Mr. Stewart Ross, President of the Federation Dentaire Internationale and also representing the British Dental Association.

President

President Wesley P. Munsie extended a welcome to all present. He reported that the Canadian Dental Association Dental Health Plan for Children had been accepted by the Board of Governors as a guideline to assist CDA and the corporate members in developing dental services for Canadian children.

The President recommended that all Association members should acquaint themselves with the Five-Year Projection of Services and voice their opinions on it to their corporate members. The Board approved the Projection in principle.

Dr. Munsie added that he was pleased to report that the Board had approved an Aims and Objectives Conference which would be a joint meeting of CDA and corporate member officers, to analyse CDA objectives, responsibilities and priorities of service.

Honorary Membership

President Munsie presented an honorary membership to Dr. Harold Cline of Vancouver.

Dr. Cline was born in Victoria, B.C. He received his education in Canada, England and France. He served with the Seaforth Highlanders in World War I. He graduated from the University of Toronto in dentistry in 1924 and has practised in Vancouver since then, except for one year spent in Chicago. Dr. Cline has been President of the Vancouver Dental Society, President of the B.C. Dental Association, Councillor from B.C. on the Pacific Coast Dental Conference and Vice-president of that organization. He served on the Board of Governors of the Canadian Dental Association for many years and was the Association President in 1951-52. He is a fellow of the American College of Dentists, and a Rotarian.

Dr. Cline expressed appreciation of the high honour conferred upon him. He thanked his many friends in dentistry who had worked with him and shared the responsibilities of office over the years.

Installation of President

Dr. William Miller of Vancouver acted as installing officer for the installation of Dr. Henri Brouillet as President.

Dr. Miller, in commenting on Dr. Brouillet's high executive capabilities, gave the following biographical sketch:

Henri Brouillet was born at l'Assomption, Quebec, on July 31, 1916. He attended Assomption College and the University of Montreal. He was licensed by the College of Dental Surgeons of the Province of Quebec in 1945 and practised in Montreal. He was Associate Professor in the Faculty of Dentistry, University of Montreal, from 1946 to 1955. He is a member of the Montreal Dental Society, and was a Governor of the College of Dental Surgeons of Quebec in 1948. He became Vice-President of the College and later held the presidency for two terms (1962-64 and 1964-66). He has represented the CDSPQ on the CDA Board of Governors since 1966, served on the Executive Council (1966-67), and became President-elect (1967-68). Dr. Brouillet is a fellow of the International College of Dentists.

President-elect Henri Brouillet thanked Dr. Miller. He expressed an awareness of the high honour and heavy responsibility given to him and indicated his willingness to serve the profession to the best of his ability.

Presentation to Past President

Dr. J. P. Coupland of Ottawa presented the Past President's Jewel to Dr. W. P. Munsie. He expressed the Association's appreciation of Dr. Munsie's unselfish and dedicated efforts to produce the Dental Health Plan for Children in time for presentation to the Annual Meeting. Dr. Coupland commended Dr. Munsie for "more than vindicating the prediction that his capabilities qualified him to fill the highest office in the Association."

7 DAYS

THIS BOOK MAY BE KEPT FOR
7 DAYS ONLY
IT CANNOT BE RENEWED

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1966-68

Canadian Dental Association
Transactions of the
annual meeting

Dentist

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